public health doctor) for talking to the press. They have all failed: either the doctor has been reinstated or an expensive settlement has had to be paid by the health authority.

P J TOMLIN
Secretary

Society of Clinical Psychiatrists,
Downton,
Wiltshire SP5 3HJ

- 1 Craft N, Sheard S, Smith R. The rise of Stalinism in the NHS. *BMJ* 1994;309:1640-5. (17 December.)
- 2 European Court of Human Rights. *Case of Damell v the United Kingdom*. Strasbourg: ECHR, 1993. (34/1992/379/453.)
- 3 Van Dyke B, van Hoof GJH. *The theory and practice of the European Convention on Human Rights*. 2nd ed. Deventer, Netherlands: Kluwer Law and Taxation, 1990.

Creeping censorship occurs

EDITOR,—I was appalled to hear the response of Alan Langlands, the chief executive of the NHS Executive, on BBC Radio 4's *Today* programme (16 December 1994) to Naomi Craft and colleagues' articles.¹ He accused the *BMJ* of sensationalism and said that there was no place for secrecy (I believe that he qualified this to commercial secrecy) within the NHS. I believe that consultants are now the only people who are still able to speak out; indeed, we must do so, otherwise we are in danger of losing our ability to do so through the fear of violence rather than violence itself. We still have freedom of speech within our contracts, and it is vital that we do not relinquish that either positively by a change of contracts or negatively by refusing to exercise that option.

My trust has a reasonably enlightened approach. It admits that consultants may speak to the press about whatever they like without prior consultation with the managers. There is, however, a sting in the tail: if the press, especially the visual media, wishes to come on to trust property for interviews then the managers decide whether they wish to talk to the press and also whether consultants can talk to the press on trust property. In a recent incident I was to be filmed in the trust's buildings (I had received a guarantee that the trust would be anonymised as I was speaking not on behalf of the trust but on national matters). My request to the managers for permission to be filmed in the hospital buildings was refused. There is, therefore, creeping censorship as consultants can be gagged on trust property. It is vital, however, that consultants retain their right to freedom of speech and, if necessary, stand outside the gates of the trust to give their interview.

STEPHEN J ROSE
Consultant paediatrician

Department of Child Health,
Birmingham Heathlands Hospital,
Birmingham B9 5SS

- 1 Craft N, Sheard S, Smith R. The rise of Stalinism in the NHS. *BMJ* 1994;309:1640-5. (17 December.)

Cordial relationships restored

EDITOR,—I do not wish to detract from the main message of Naomi Craft's article on secrecy in the NHS but wish to prevent possible false inferences being drawn from the two items she discusses about which I am familiar (items 24 and 25).¹

In item 24 she says that "senior consultants . . . attempted to persuade the managers not to follow through this threat" (of disciplinary proceedings); in fact, the managers were advised not to follow through this threat and, to their credit, readily took the advice. The phrase "attempted to persuade" implies recalcitrance or resistance on the part of the managers; this was not the case.

In item 25 the phrase "were called to a meeting with the medical director" implies a directive or instruction; in fact, we were invited to meet the medical director to discuss with him the contents of the letter. The final sentence again implies that

we felt threatened. It is certainly true that when the letter was read out to Mr Kyle at the meeting of the hospital staff association (to which he had asked to be invited), and when the letter was subsequently leaked, the general atmosphere was fraught, but at no time were any of the five signatories subjected to any unpleasantness or threats from the trust managers. Since then, cordial relationships have been completely re-established and the running of the hospital by the trust has improved.

I J T DAVIES
Consultant physician

Raigmore Hospital NHS Trust,
Inverness IV2 3UJ

- 1 Craft N, Sheard S, Smith R. The rise of Stalinism in the NHS. *BMJ* 1994;309:1640-5. (17 December.)

Doctors were previously the leading practitioners of secrecy

EDITOR,—Naomi Craft asks for further examples of secrecy surrounding health and the NHS in Britain.¹ May I nominate the Access to Medical Reports Act 1988 (exemptions, section 7, paragraph 1)² and the Access to Health Records Act 1990 (section 5, paragraphs 1 (a) (i) and (b))³? But these statutory restrictions on patients' already statutorily limited rights of access to their own medical records are not the result of any nefarious new trend within health service management. Secrecy in the NHS has long been the rule rather than the exception. Historically, doctors have been its leading practitioners. All that has changed in the new era is who now has the power to keep secrets from whom.

It is not clear whether what doctors are objecting to is secrecy itself or merely that fact that they now find themselves on the receiving end of it. Perhaps the nature of their complaint will be clarified by the future actions they undertake to alleviate their distress. Meanwhile, it should be recalled that, when the legislation was introduced, the then junior health minister, Stephen Dorrell, said that patients were not to be granted unrestricted rights of access to their entire medical records because it "wouldn't be fair to doctors" for people to know what doctors had written about them in the belief that it wouldn't be seen.

The metaphor of Stalinism rising may be misleading. The differential diagnosis of the current malaise surely includes the "biter bit" syndrome and "chickens returning to the roost," not to mention "monkey see, monkey do."

VICKY RIPPERE

London WC1H 9DR

- 1 Craft N, Sheard S, Smith R. The rise of Stalinism in the NHS. *BMJ* 1994;309:1640-5. (17 December.)
- 2 Access to Medical Reports Act 1988. London: HMSO, 1988.
- 3 Access to Health Records Act 1990. London: HMSO, 1990.

Clinicians should not restrict access to basic information

EDITOR,—The articles on the rise of Stalinism in the NHS, which espouse liberty to facilitate transparency and accountability so that clinicians and others can blow the whistle on poor management practices, are laudable.¹ However, consistency in advocacy and behaviour is essential.

Openness for whistle blowers should facilitate public analysis and debate about all aspects of clinical practice. Thus clinicians must also be accountable and not inhibit the liberty of others who want to know how doctors use society's scarce resources. Consequently, interpretable information based on the data on surgical and anaesthetic mortality collected by the national confidential enquiry into perioperative deaths in England should be openly available for non-clinical managers and patients to blow the whistle on inadequate consultant practice. The results of

the investment of over £200m in clinical audit might also be opened up to public scrutiny to promote accountability in clinical practice and assessment of whether audit processes have been conducted with sufficient rigour and have led to appropriate change in clinical practice. The decisions about who gets distinction awards should be made in public so that the inefficient and unethical tendency to allocate over £100m to "chums" and those about to retire can be seen for what it is.

Surely it is time for free speech and more open debate about these and many other clinical topics. It is unacceptable for clinicians to restrict access to basic information. We look forward to an open and accountable 1995 in all aspects of NHS decision making.

ALAN MAYNARD
Director

Centre for Health Economics,
University of York,
York YO1 5DD

TREVOR SHELDON
Director

NHS Centre for Reviews and Dissemination,
University of York,
York YO1 5DD

Title is sensationalist and inaccurate

EDITOR,—For a journal with the influence of the *BMJ* to give any series of articles on freedom of speech within the NHS the title "The rise of Stalinism in the NHS" is a major editorial error.¹ The British establishment consistently failed to grasp the nature of socialism in Soviet Russia. But during the purges Stalin was directly responsible for the deaths of, at the very least, 15 million people. A further 20 million Soviet citizens died during the second world war, the first two years of which Stalin spent as the ally of Nazi Germany.

By all means argue with passion and attack injustice. But it seems particularly wrong for the scientific and medical establishment to abandon accuracy and devalue its argument in the fashion of the uninformed tabloid press by using allusions that could not possibly ever be valid for the sake of sensational and inaccurate publicity.

H J N ANDREYEV
Research fellow

Institute of Cancer Research,
Sutton,
Surrey

- 1 Craft N, Sheard S, Smith R. The rise of Stalinism in the NHS. *BMJ* 1994;309:1640-5. (17 December.)

Royal Devon and Exeter Hospital has policy of openness

EDITOR,—Naomi Craft gives 30 examples of secrecy in the NHS, which range widely; if these are all substantially correct there is indeed cause for concern.¹ She specifically lists 10 hospital trusts—among them the Royal Devon and Exeter Healthcare NHS Trust—which, she claims, "have inserted a confidentiality or conflict of interest clause, or both, into contracts." She implies that these have replaced paragraph 330 of the Whitley Council conditions of service for medical and dental staff and that consequently they are "gagging clauses."

In fact, at the Royal Devon and Exeter Hospital paragraph 330—as quoted in the article—is retained and our consultants have the right to speak freely. Far from restricting information, we have a clear policy of openness among all our staff and board members; we ask them to declare potential conflicts of interest in business matters. This is a proper standard of accountability in the public arena. Furthermore, we believe that public interest is best served by a clear policy requiring confidentiality about matters concerning patients. In addition, we require internal consultation about