widespread clinical use.⁵ In the case of recombinant factor VIII, however, the equivalent clinical measurements of safety have still to be carried out as this new product, which may advance care in haemophilia, seeks to become established.

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- 2 Kaufman RJ, Wasley LC, Davies MV, Wise RJ, Israel DI, Dornier AJ. Effect of von Willebrand factor coexpression on the synthesis and secretion of factor VIII in Chinese hamster ovary cells. *Mol Cell Biol* 1989;9:1233-42.
- 3 Adamson R. Design and operation of a recombinant mammalian cell manufacturing process for rFVIII. *Ann Hematol* 1994; 68(suppl III):S9-14, S25-8.
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Professional performance bill

EDITOR,—H Jacobs and P J Tomlin misunderstand the effect of a particular section of the medical (professional performance) bill currently going through parliament.¹ They interpret clause 1.9 as meaning that “any doctor referred to the council and whom the council intends to investigate and bring before its disciplinary committee should temporarily lose his or her registration.” That is not correct. The position, as now, is that no doctor’s registration will be suspended under the new legislation, except by direction of a committee, after due process, which includes giving the doctor the opportunity to appear before the committee and be legally represented.

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- 1 Jacobs H, Tomlin PJ. Professional performance bill. *BMJ* 1995;311:631. (2 September.)

Private prescribing of controlled drugs

EDITOR,—I am slightly surprised by Elizabeth Parameshwar’s letter.¹ I learnt about the patient on whom she reports when the patient’s partner came to see me in general practice. He was concerned about both his partner and himself and their increasing drug use. He could not continue to pay for their private prescriptions without either resorting to crime or selling some of the drugs he had been prescribed.

While his partner was a patient in the psychiatric wing he stated that the drug dependency unit had not offered any help in terms of her drug use. This seemed to be because she used more methadone than the staff in the unit would prescribe under their prescribing policy. They would not consider giving her a prescription for injectable methadone even in the short term as a bridge to her using oral methadone, and they would not offer any help with her other addictions to benzodiazepines and amphetamines.

This woman had to return to her private prescriber because she had no alternative. I presume that the private prescriber then gave her what she asked for, probably being unaware of her recent psychotic breakdown.

This woman is not a patient of mine, but her

partner and her child (who is under the threat of being taken into care) are. I believed strongly that they were a couple with a difficult drug problem and should be managed in the specialist services, and hence I referred them back to the drug dependency unit. Until now they have not received the help they desperately need.

Although I agree that private prescribing of controlled drugs needs close scrutiny, this needs to go hand in hand with a rethink of the prescribing policies of some drug dependency units.

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Careers advice for medical undergraduates

EDITOR,—Simon Wilson and Ashley Reece understate the problems of careers advice in the opening sentence of their letter; “the provision of careers advice to medical undergraduates seems an obvious necessity.”¹ Perhaps this is obvious, but in practice careers advice is not given. Seventy per cent of a cohort who qualified in medicine in 1986, studied by Allen, stated that they had had no formal careers advice at medical school.² Many career decisions are taken at medical school, and these are often based on unpleasant encounters with senior doctors or negative experience in certain specialties, and this impression gained by Allen in her previous studies³ was still the case among those who qualified in 1986.

The best careers advice comes during one to one sessions with a skilled careers adviser, but, clearly, this is time consuming. For postgraduate trainees the network of clinical tutors and designated educational supervisors can provide this. In addition, the departments of most postgraduate deans have associate deans with a special interest in female graduates, who provide careers advice for women.

A recent publication by the NHS Executive, *Making Your Career in Medicine*, is a useful guide and is to be circulated to all second year medical undergraduates in the autumn; it is available free from the Women’s Unit, 80-94 Newington Causeway, London SE1 6EF. The publication’s initial section gives short accounts of the careers of 15 successful doctors, all of whom have found success by unconventional routes. The second section is of practical guidance in making decisions about a career. There is also a section giving information about where to go for further advice. This guide should be strongly recommended to undergraduate and postgraduate doctors in training.

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- 1 Wilson S, Reece A. Careers advice for medical undergraduates. *BMJ* 1995;311:194. (15 July.)
- 2 Allen I. *Doctors and their careers. A new generation.* London: Policies Studies Institute, 1994.
- 3 Allen I. *Doctors and their careers.* London: Policies Studies Institute, 1988.

Israeli Medical Association shirks “political aspects” of torture

EDITOR,—There is a body of evidence, collated by both domestic¹ and international human rights organisations,² of the longstanding use of torture in Israel as an instrument of state policy that cannot be ignored. This material also documents the

questionable role of doctors in army units and detention centres as well as the persistent silence of the Israeli medical establishment. Only in 1993, following publicity about the existence of a medical “fitness for interrogation” form (in effect fitness for torture), was the Israeli Medical Association prompted to intervene. They disavowed the use of this form by doctors, but they did not denounce torture per se nor the everyday presence of the same doctors in and around rooms where this was practised.

Torture in Israel continues, and indeed interrogators have been given official sanction to increase the coercive power of this work. Thus I recently wrote to the Israeli Medical Association to point out that they had returned to a position of silence and to urge them to take a stand. Dr Y Blachar, chairman of the centre committee, replied that the association responds when irregular behaviour by an individual member is brought to its attention, but “we are most careful not to get involved in the political aspects of the issue.” This is an ethically untenable stance. The core problem is not isolated malpractice (and who would report this to the Israeli Medical Association anyway, given that the testimony of victims is discounted?) but the routine role of doctors in what Human Rights Watch calls a bureaucratised system that has processed thousands of Palestinian detainees. As the representative body, the Israeli Medical Association cannot evade a responsibility to offer ethical leadership to those examining detainees before or after interrogation and who are likely to be in collusion with torture. The association has a duty to ensure that the two international antitorture codes for doctors, the World Medical Association’s Declaration of Tokyo and the United Nations’ Principles of Medical Ethics, are adhered to by their members.

Further, the Israeli Medical Association cannot maintain that it has no position on the highly deleterious effects on physical and mental health that flow from the use of torture in Israel, as elsewhere.

It has been noted that medical associations in countries where torture is used systematically are often remarkably passive on this issue.³ This may be a survival strategy in states like Iraq or Syria, which do not hesitate to strike at doctors interested in justice for their patients, but this does not apply in Israel. The Israeli Medical Association’s stance seems to threaten its standing in the international medical fraternity and representative institutions, as was the case with South Africa, for instance. I invite others to add their voices to this request for the association to rethink its position and to respond through the *BMJ*.

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- 3 British Medical Association. *Medicine betrayed. The participation of doctors in human rights abuses.* London: Zed Books, 1992.

Correction

Rethinking consultants

A typesetter’s error and an editorial error occurred in this letter by K E F Hobbs (5 August, pp 392-3). The second paragraph should have referred to the inadequacy of consultant numbers [not members], and the eighth paragraph should have read: “The future of research and development in medicine is of vital importance to its viability, and there is still a cohort of trainees . . . that would wish [not would not wish] to climb this ladder of academic clinical practice.”