different ethical duties or at least a different emphasis. In the regulation of expert witness testimony, for example, there are many different types of doctor-patient relationship. Apart from the general principle of acting competently (often highly questionable in the civil courts), it is hard to see how the guidance has much application to a sphere of medical work which appears to be expanding with great rapidity.

Curiously, unlike the Blue Book the new guidance gives no information about the disciplinary process. If one of the aims of the document is to make doctors better acquainted with their professional duties, it would seem reasonable to outline what happens if doctors do not fulfil those duties. Most doctors are convinced that they will be struck off for any ethical lapse, when in fact only a small minority of complaints ever reaches the council's professional conduct committee. Perhaps the next edition could include a half page outline (or a flow chart)?

No document of this sort could be perfect. The Blue Book needed an overhaul; over the last five years complaints about

medical care have increased enormously.^{3,5} Even if some of this increase is only a temporary phenomenon in response to the Patient's Charter, such increases suggest that patients have something to complain about. Patients have a strong interest in the ethical aspects of good medical practice; doctors should not wait to become patients to take the same interest. This description of their ethical professional duties is a good start to a process which will need to continue.

GWEN ADSHEAD
Lecturer

Department of Forensic Psychiatry,
Institute of Psychiatry,
London SE5 8AF

1 General Medical Council. *Duties of a doctor*. London: GMC, 1995.

2 General Medical Council. *Professional conduct and discipline: fitness to practise*. London: GMC, 1992.

3 Audit Commission. *What seems to be the matter? Communication between hospitals and patients*. London: HMSO, 1993.

4 Beecham L. GMC hears record number of complaints. *BMJ* 1993;307:1233.

5 Reid W. *Annual report of the health services commissioner*. London: HMSO, 1994.

Hospital jobs on the Internet

Your next job is waiting for you at <http://www.bmj.com/bmj/>

Older readers of the journal turn first to the obituary pages to check whether they are still alive; younger readers turn to the classified supplements to find their next job. While the obituary pages have been discussed at the highest levels (two editorials,^{1,2} a "how to do it,"³ and 10 letters to the editor having been published on the topic already this year⁴), the classified supplements have been quietly minding their own business, which has been expanding apace. This year the hospital doctor and general practice supplements will carry about 60 000 recruitment advertisements and 2500 advertisements for educational courses.

From this week, in response to readers' requests, we are adding all hospital jobs to the information that is available from the *BMJ*'s site on the Internet.⁵ A menu lists the various medical and surgical specialties and, within each specialty, jobs at each grade. Vacancies for registrars in, say, orthopaedic surgery are merely four mouse clicks away from the *BMJ*'s home page. At this stage the advertisements that will appear will be the same as those in the weekly journal and will be updated each week by the day of publication of the paper copy of the journal.

We hope to augment this basic service by adding general practice posts (once we have solved the technical problems of breaking up the GP classification into usable sections) and posts in academic and public health medicine. We envisage providing the BMA's guidelines on grades, salaries, training, removal expenses, and overseas employment. Extracts from

our "how to do it" series (such as how to prepare a curriculum vitae and how to be interviewed⁶) could also be included. We hope that readers will suggest other ways in which the service should develop (as they have done with the editorial content of our home pages).

Speed will be one of the greatest benefits of advertising jobs on the Internet, allowing overseas readers to read job advertisements before the closing date for applications. We hope that very soon electronic delivery will allow us to publish the electronic supplement earlier in the week—a huge advance for readers and advertisers alike.

We are aware that many readers remain mystified by talk of home pages and the like. Detailed guidance is already available from the recent article in the ABC of Medical Computing devoted to the Internet,⁷ and next month we begin a short series devoted to the topic. A regular column will follow.

TONY DELAMOTHE
Deputy editor

BMJ,
London WC1H 9JR

1 Crossan L, Smith R. Growing pressure on *BMJ*'s obituaries. *BMJ* 1995;310:5-6.

2 Lock S, Smith R. Obituaries: the future. *BMJ* 1995;311:143-4.

3 Lock S. How to do it: write an obituary for the *BMJ*. *BMJ* 1995;311:680-1.

4 Obituaries [letters]. *BMJ* 1995;310:660-2.

5 Delamothe T. *BMJ* on the internet. *BMJ* 1995;310:1343-4.

6 Reece D. *How to do it: I*. London: BMJ Publishing Group, 1995.

7 Millman A, Nicholas L, Kealy K. The internet. *BMJ* 1995;311:440-3.