EDITORIAL

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In what mood do the members of our profession in the National Health Service enter the New Year? Is it one of satisfaction, of resignation, or of despondency?

It has always been a difficult task, even for one of his own profession, to interpret what a doctor really feels in his heart about anything. It is a problem that has baffled ministries of all parties as well as the profession's own leaders for many years. Not even plebiscites are reliable. Nevertheless, beneath the unending debates, grumbling and criticism, and allowing for the large common factor of gloom amongst the professional classes at the present time, it is possible to detect amongst most of us a fundamental acceptance of the National Health Service as at present organised. It would probably not be possible to gain much support amongst us for a return to anything approaching the *status quo*.

It is in the matter of detail that there is the strongest mood of disapproval amongst us. Here the service has many, and possibly even a growing number of faults. Its greatest failing in our view is the confused relationship in the determination of policy and in administration between our profession and the Ministry. In all fairness, our profession has a long tradition of learning, teaching and research as well as of high ethical standards. Any contract with the Government should therefore be between two equal contracting parties, and problems should be solved by full mutual consultation.

Such consultations are unfortunately rare. Government departments seem to have little insight into their fruitful possibilities. There has indeed been in evidence the bureaucratic practice of selecting professional advisers very different from those whom the profession would have chosen. Our representatives are striving very hard to improve the consultative contacts

with the Ministry of Health and place such improvement in the forefront of our needs.

Joint consultation can take many forms. At the centre, the Minister and his officials should be in contact with representatives of the profession on questions of high policy. Negotiations are also constantly necessary on the terms and conditions of employment. These are matters for the Whitley Councils and their numerous sub-committees. Yet the last Standing Committee examining Hospital Boards and Management Committees reports that the Whitley machine is not working and recommends that the Government give this matter its urgent attention.

Another very important form of joint consultation is the Advisory Medical Committee which should exist at all levels. In this matter the general practitioner is in a better position than the consultant owing to the long establishment of the N.H.I. His local medical committee is a powerful, statutory body and he has heavy representation on local executive councils. The danger confronting hospital staffs is a lapse into the condition where doctors perform certain prescribed duties in return for their salaries but play no part whatsoever in the formation of hospital policy.

On its present foundations, the relationship between medicine and the State can be made an enduring partnership with mutual respect and a sense of equality. If this is achieved, then the National Health Service can carry on the torch of medical progress as worthily as its predecessors. Any permanent damage to good relations between medicine and the State will result, no matter how many millions are poured from the Treasury, in declining medical standards and in inferior service to the public.

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