

freedom." While it is true that the selections made from the Council's report may justify this comment, the parts to which no reference is made contain ample evidence of the Council's views on the fundamental issues of public and professional freedom.

It is further stated in your leading article that it is difficult to appreciate why the B.M.A. Council remains unswervingly hostile to "any form of service which leads directly or indirectly to the profession as a whole becoming full-time salaried servants of the State or local authorities." The grounds for this attitude are fully stated in the Council's report. The following are among the considerations urged in the Council's report.

For the medical profession to be converted into a technical branch of government would be disastrous both to medicine and the public. The doctor's primary loyalty and responsibility should be to his patient. He should be free to act, to speak, and to write unhampered by interference from above. The doctor should be the patient's doctor and not the Government's doctor. A whole-time salaried service is inconsistent with free choice of doctor. It would tend to impose a uniformity in a form of work in which initiative and originality are essential. It would tend to bureaucratise a human service. It would destroy a proper incentive, the relationship between remuneration and the amount and value of work done or responsibility accepted. It might tend to replace competition for patients by competition to avoid them.

The Government's proposals in their present form mean that the general practitioner in the future, no longer owning the goodwill of his practice, will be allowed to practise in the public service in the area of his choice only with the permission of a committee appointed by the Minister. He will, as the Minister has informed the negotiating committee of the profession, be remunerated under a system which provides that a substantial part of his income will be salary. In the Council's view these proposals do lead to the general practitioner becoming the full-time salaried servant of the State. The belief that this form of service is against the public interest leads the Council to criticise these features of the Bill.

It is argued in your leading article that the Council of the British Medical Association is inconsistent in urging the administrative concentration of treatment services at the regional level and at the same time pressing for the retention of local ownership of voluntary and council hospitals. It may, indeed, be strictly logical to argue that if the regional level is to be adopted for the administration of all treatment services, ownership of hospitals should pass to this level or to the Minister himself. This application of logic to so essentially personal a service would be justified were the hospital merely an establishment in which expert work is undertaken. That is not the whole story.

The hospital, if it is to maintain atmosphere as well as scientific efficiency, if it is to remain a living entity in the community, responsive to local feeling and the focal point of local pride and interest and affection—in short, if it is to retain the closest personal links with the community it serves—should remain under local ownership. The Minister will control most or all of its income and by the power of the purse can secure its co-operation in a regional plan. But to convert the country's hospitals into establishments owned and administered and remotely controlled by the State through regional bodies would be poor compensation for the intellectual satisfaction of pursuing a strictly logical course.

It is perhaps inevitable that the partial treatment which is accorded to the B.M.A. Council's report in your leading article should justify your conclusion that the B.M.A. has produced no objection to the Bill which might justify any

talk of the general refusal of doctors to enter the new service. The question of the attitude of the profession can be determined by the profession only when the final decision of Parliament is known.

There is as yet little evidence that the Government desires the co-operation of those upon whom the successful working of any medical service is necessary. At the two meetings between the Minister of Health and the negotiating committee of the profession, before the publication of the Bill, there was permitted little more than an exchange of memoranda. Since the publication of the Bill no indication has been given by the Minister of any desire to discuss its proposals with the profession. On the contrary, it is understood that the Bill will pass through all its stages in the House of Commons by the end of May.

Is it too much to ask that there should be accorded to a profession, which is not without pride in its past achievements and in its contribution to the public good, the same amount of discussion and, indeed, negotiation which Governments of all complexions have accorded, and rightly so, to the trade unions of this country on legislative proposals affecting them? This Bill contains proposals which all will welcome. But the recognition of this truth should not be allowed to obscure the fact that unless the Bill is modified in certain important features, there is a very real danger that some essential freedoms would be lost to the profession and so to the public.

Yours faithfully,

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#### LET US HELP SAVE THE VOLUNTARY HOSPITALS.

We are glad to learn there is a very strong feeling throughout the country that our invaluable Voluntary Hospitals must be saved for the service of the sick—if the instinct of compassion is to be encouraged throughout the land—the following expressions of opinion should be taken to heart.

#### VOLUNTARY HOSPITALS COMMITTEE FOR LONDON.

A meeting of representatives of the voluntary hospitals of London was held at St. Bartholomew's Hospital on Monday, April 15th, Sir George Aylwen, Chairman of the Committee, being in the chair. The following resolution was passed unanimously:—

That the voluntary hospitals of London, while welcoming a National Health Service designed to co-ordinate the hospital services of the country, urge the Minister to incorporate such amendments in the Bill as at present drafted as will ensure the retention by the voluntary hospitals of their property and management, their entities and their traditions, since only thus in their view can the best interests of the community be served.

The National Health Service Bill must be amended drastically or voluntary hospitals should have the right to contract out, declares Cardinal Griffin, Roman Catholic Archbishop of Westminster, in a statement recently issued.

"In accordance with the terms of the Bill," the statement points out, "the Minister will be empowered to take over the buildings of a voluntary hospital without compensation.

"He will have the power to acquire the trust funds

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