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- (Accepted 3 October 1978)

Letter from . . . Chicago

Errors of taxidermists

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British Medical Journal, 1978, **2**, 1215-1216

Faced with an ungrateful electorate of whom only 44% still approved of how he was handling his job, President Carter last spring returned to the campaign trail to attack two of the oldest, though not *the* oldest, of professions. The lawyers were first to incur his wrath for being greedy and selfish, concerned with only their interests, working only for the rich, and helping "big shot crooks" to escape the law, while letting the poor and powerless languish without hope in America's overcrowded prisons. Then came the doctors' turn, and the President conceded that as individuals they cared about their patients; "but when you let doctors organise into the American Medical Association," continued Mr Carter, "their interest is to protect the interest not of the patients but of the doctors. And they've been the major obstacle to the progress in our country to having a better health care system in years gone by."

As might be expected, both the lawyers' and doctors' organisations protested against the attack. The AMA called the President's speech a disservice to the profession and outlined a long list of accomplishments in promoting "the science and art of medicine and the betterment of public health," while also charging that efforts to limit health costs were being hampered by the Federal bureaucracy. Others thought the remarks were unprovoked and inappropriate, reflecting good politics but deplorable logic. The press agreed that lawyers and doctors had many faults, but was inclined to view the attack as delivered in the "familiar sour strain of populism, denouncing the powerful and the worldly." The *Washington Post* thought that to "let organise" had unwholesome connotations. The *Chicago Tribune* pointed out that even peanut farmers had organised to protect their interests, and that perhaps one could not blame the doctors for taking the money pushed at them by Federal government and the liberal democrats. One newspaper proposed a massive export programme of lawyers, judges, bailiffs, and deans of law schools—perhaps to Saudi Arabia, in lieu of warplanes or in exchange for more oil, to help reform their penal system, and at the same time ease our own unemployment. Another writer predicted imminent attacks on ice-cream vendors, boy scouts, Franciscan monks, ballet-dancers, and American Indians. There

was concern also about the nudists' organising into colonies rather than sunbathing in solitude in their backyards; and about the venal taxidermists who have long victimised the public by despoiling American wild life, ripping off the customers, and padding their bills as much as stuffing the American animals we love.

But, whatever one may think of the errors of taxidermists, there was much agreement in our all too powerful press that Mr Carter had surrounded himself with such friends and advisers that he hardly needed enemies. His latest disappointment, following closely on his trouble with bankers, beer drinkers, and roving ambassadors, was the case of Dr Peter Bourne, the British-born psychiatrist, described only too recently as the man who had the President's ear on health matters so much so that the two were in fact "thinking alike."

Dr Bourne, special assistant to the President on health issues, had long kept alive Mr Carter's promise of a universal national health service with uniform standards and payments, incentives for reforms, reorganisation and productivity, built-in cost and quality controls, advance setting of fees, representation of consumers, concern for the individual rather than for his wealth, and all the other "goodies" perennially promised by pious prophets and professional health-care reformers. But reform has been slow in coming, and in July the House Commerce Committee so badly chewed up the President's hospital cost containment scheme that the left-over bones were hardly worth picking up. The administration protested against this extreme case of "lobbyitis"; computed that the rejection of its pet programme would cost America \$56 billion; and subsequently announced that national health insurance would be introduced by stages, painlessly, non-coercively, inexpensively, with no Federal spending until 1983 at the earliest, and with implementation geared to a five- to ten-year phase-in. Senator Edward Kennedy denounced the plan as "too little and too late," but many economists sighed with relief.

Indeed, if one is to believe Mr Peter Drucker,¹ the concept of a national health service would by now have been all but forgotten were it not for Senator Kennedy's understandable desire to achieve a limited degree of immortality by attaching his name to a major health bill. Most Americans, however, do not perceive the problems of health care as assuming the proportions of a crisis. True, they might complain about the high cost of medical care, just as they complain about the high cost of dying, buying peanuts, obtaining justice, or having their beloved animals groomed, treated, stuffed, or embalmed. But, with an increasing number of people being covered by some

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kind of third-party payments, Mr Drucker believes that there is virtually no pressure for major policy changes, and that the future pluralistic American health care system is being built right now, without need for help from Mr Carter's legislative proposals.

Drug abuse in the White House

Meanwhile, Dr Peter Bourne, the man who thinks like the President, managed to get himself into a scrape by using a fictitious name on a prescription for methaqualone for one of his staff assistants. A pharmaceutical inspector who happened to be in the drugstore at the wrong time notified the police; and within 24 hours the newspapers also reported that Dr Bourne had been seen puffing marijuana and sniffing cocaine at a party given by the National Organisation for Reform of Marijuana Laws. Dr Bourne, who incidentally was also in charge of the White House drug abuse programme, declared he had intended no harm but sought only to protect the confidentiality of his untranquillised aide. At first he announced that he was taking a leave of absence, but within 36 hours he resigned, to save the President the agonies of another Lance episode, though not before declaring that other White House staff members were also taking marijuana and cocaine.

Amid further allegations of drug abuse in the White House, Mr Carter announced in no uncertain terms that he would dismiss any staff member using illegal drugs—this being necessary, according to some cynics, to persuade the public that he was not a bumbling John Calvin among hippies. Many of the newspapers, however, merely thought that Dr Bourne was the victim of bad judgment and bad luck; a few imagined that he damaged the image of psychiatry and the cause of decriminalising marijuana. But several editors commented that Mr Carter's aides had once again shown they could not handle the power that comes with high place; and the *Chicago Tribune* regretted that the President had not as yet acquired enough confidence to look for advisers beyond the ranks of the Georgia mafia.

Yet perhaps more important than the Bourne incident in shaping Mr Carter's future health strategies is the public's continuing disenchantment with big government and excessive spending. The voters' tax revolt, started with California's Proposition 13, is spreading like wildfire throughout the nation, with politicians at all levels of government jumping on the bandwagon and proposing new restraints on taxes and expenditures. And, with the cry for fiscal sanity being particularly popular in an election year, the effects of budgetary cuts are already being felt in education, highway repair, prison construction, and particularly in medicine. Throughout the country vote-conscious politicians are cutting the budgets for public health, preventive medicine, drug addiction, and welfare programmes. Several of California's county hospitals may be heading for closure; and the climate remains singularly unpropitious for new expensive health programmes.

A medical Watergate?

To turn now to another potential scandal, "perhaps the worst of the century," the release of the previously withheld files of the University Group Diabetes Program indicates possible gross irregularities and perhaps even fraud in the handling of the data showing that phenformin caused an excess of cardiovascular deaths. Experts reviewing the records have apparently found several instances where the drug was improperly prescribed, where severe pre-existing heart disease was present, or where the cause of death was linked to phenformin when the drug had never been taken or had been discontinued several years earlier. In some patients there were pronounced discrepancies between the necropsy report and the diagnosis recorded in the protocol.

It has been suggested that the findings so far may constitute only the tip of the iceberg, and that further investigation may expose the study as a massive hoax and a medical Watergate.

For the pharmaceutical industry, however, 1978 has been a favourable year, with most companies making a healthy recovery from financial infirmities, helped by propitious flu seasons, the antihypertension campaign, and an increasingly aged population that consumes a lot of medicine. New antibiotics, anti-arrhythmic drugs, and beta-blockers will soon be released, and there is intense competition among the manufacturers of anti-rheumatic drugs, with the best seller indomethacin being threatened by some of the newer anti-inflammatory agents. Prazosin and cimetidine were the success stories of the year, adding millions of dollars in sales and profits. Some companies are also paying increasing attention to generic products, diagnostic agents, nutritional substitutes, dental equipment, optic products, and medical instruments. Militant consumerism and federal controls remain a problem, as do the difficulties of the dollar, a decline in prescriptions for certain agents (such as oral contraceptives), the prospect of a new drug-regulating law, a renewed emphasis on generic prescribing, and an Internal Revenue Service threat to cancel tax benefits for activities based in Puerto Rico. Yet, despite these problems, it is reported that most pharmaceutical companies are well off the sick list and enjoying a bull market on Wall Street.

Not off the sick list, however, are the thousands of Chicago schoolchildren who have not been doing their homework. This year 15 000 eighth-graders—more than one-third of their class—were ordered to attend special reading summer school classes before being allowed to enrol in high school. They were joined by some 40 000 younger pupils in what has been called a massive five-year plan to raise the median reading ability of Chicago schoolchildren to the national norm. Other schools and colleges throughout the country are also moving towards more rigid requirements and testing of competence, as parents, educators, and legislators are becoming increasingly concerned about the many students leaving school scarcely able to read or write. With many colleges moving back to the old ways, Harvard University has recently reshaped its undergraduate requirements by increasing its emphasis on writing and mathematics; other universities are also opting for more rigid and basic curricula; and soon Scandinavian movies, the economic problems of Africa, and the biology of cancer will no longer be acceptable substitutes for English, maths, and foreign languages.

In medicine, too, the pendulum may be swinging towards a more structured curriculum, away from the elective programmes set up in the 'sixties in response to cries for more relevance. Premedical students, however, continue to spend their college years studying the sciences instead of acquiring a liberal education, prompting Dr Lewis Thomas to accuse the medical admissions committees recently of exerting a baleful and malign influence on liberal arts education in this country.² Lovers of the classics will agree with Dr Thomas's plea that future doctors should learn Greek, Latin, philosophy, and at least two foreign languages. They might not be unduly concerned about the experiment of the medical practitioner who wrote a prescription in Latin (*Ammonii carbonatis, tinc ipecac, syrup tolu*, etc) and found that the pharmacist could neither understand it nor had the necessary ingredients. But they might take note of California's Governor Jerry Brown, who adroitly managed to switch to the winning side at the last moment in the recent referendum on Proposition 13, who might prove a formidable rival to Mr Carter in 1980, and who during the last election campaign declared that he had never taken a course in economics at John Hopkins but had had eight years of Latin and two of Greek.

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