

EDITORIALS

The consultants' contract

Family friendly first

Many people will find it hard to understand why hospital consultants in England and Wales should have rejected a deal promising a 20% rise in starting salary to new consultants and pay rises of 9 to 24% across the board. But the reality is that most doctors do not go into medicine for the money. Whilst no one would deny that consultants are generally on comfortable incomes, they do earn less than many equivalently qualified professionals in the private sector. Most doctors are motivated far more by the knowledge that they are doing high quality work. The government seems not to understand this.

It was unfair and disingenuous of health ministers to imply that consultants had rejected the contract because they were uncommitted to bringing down waiting lists and wanted to earn more money in private practice. Whilst this is undoubtedly true of some, the majority of consultants already work more hours for the NHS than they are paid, and the new contract would have disrupted team functioning and taken more evening and weekend family time from those who already have considerable out of hours work commitments, without necessarily delivering better patient care.

The contract considered up to 10pm at night during the week and up to 1pm on Saturdays and Sundays as normal working hours to be remunerated at normal rates of pay and many consultants were freshly concerned by a leaked NHS document to hospital managers urging them to push ahead with weekend and evening work and to only pay extra to the 'deserving few'. They feared that they would become the pawns of policies aimed more at fulfilling political targets than properly prioritised patient care.

The really urgent need is still for more consultants, and attempts to shift blame onto the medical profession when the reality is that the health service in this country remains amongst the most poorly resourced in Europe, will only succeed in fuelling more feeling that government and health managers are out of touch with realities at the coalface.

Britain has one of best-trained and committed hospital consultant work forces in the world. It would be a great tragedy if a heavy-handed approach by government led to an exodus of top consultants from the NHS. It would then be those least able to pay for good quality healthcare that would miss out. The government will make far more headway in negotiations if it seeks to listen to doctors and understand their concerns.

Christian doctors especially need to work hard at better communication with government and managers, and push for a contract that is more family-friendly and conducive to good patient care.



The sex lottery

More condomania

'Don't play the sex lottery. Use a condom' is the slogan driving the government's new £4 million 'safe sex' campaign to try to curb the rising trend of sexually transmitted diseases, up 61% in England, Wales and Northern Ireland since

1991. The www.playingsafely.co.uk website's brave claim that 'only condoms provide "all-in-one" protection against pregnancy and sexually transmitted infections' swamps the smaller print several mouse clicks removed which only weakly advises that condoms do not protect adequately against three of the most common STIs: Herpes, HPV and Chlamydia.

Web surfers are advised to 'play the lottery' to see if they might have certain diseases by 'scratching' over photographs, and a 'hide this site' button is provided, presumably to enable a quick cyber-exit if mum or dad should make a surprise appearance.

With failure rates for condom users running at one in seven per year (see *Triple Helix* 2002; Summer:10-11), those who follow the government's advice on avoiding STIs may find themselves playing not the lottery, but Russian roulette.

Egg freezing

A step in the right direction

Helen Perry, a Jehovah's Witness from Shropshire, has become the first woman in Britain to have a baby using a frozen egg, due to a new anti-freeze method that increases egg survival rates. Over 100 babies have now been born from frozen eggs worldwide, and new results presented on 15 October 2002 by the Florida Institute of Reproductive Medicine, at the Seattle conference of the American Society for Reproductive Medicine, could overturn conventional wisdom about egg freezing being too risky or complicated. Pregnancy rates of 47% were close to the 58% achieved using fresh eggs.

Although the study size was small (only 14 births thus far), if duplicated in larger trials and confirmed to be safe, the new technology will be good news for women undergoing cancer treatments that put fertility at risk; and could significantly raise reproductive chances after chemotherapy or radiotherapy. It may also save women with tubal infertility having to undergo repeated egg-harvesting procedures.

From an ethical point of view it is also far preferable to other fertility techniques involving egg donation or embryo freezing. Embryos are human beings worthy of the utmost respect. Eggs are not; and provided the technology doesn't lead to a higher rate of congenital abnormalities as embryo freezing has, it will be a good advance. If you can freeze eggs there seems little reason to freeze embryos.

But like all new technologies there is potential for abuse. It should be reserved for those with genuine medical reasons for being unable to have children; and not misused by those who wish to postpone childbearing in their own, rather than their children's, interests.

This new advance is a step back in the right direction but it does not go far enough. A review the HFE Act in the light of recent high-profile fertility treatment fiascos is long overdue.

Peter Saunders is Managing Editor of Triple Helix