

Correspondence

Correspondence arising from articles or letters appearing in this issue of the journal must be received by 15 December 1983.

Planning for Armageddon

Sir,

It was interesting to read Dr Stuart Horner's article (*Community Medicine*, 5, 260).

Having had a long concern at National level for emergency and disaster planning, including the involvement of Community Physicians in the undertaking of their defined role in contingency planning, this article represents a very welcome change in attitude. It picks up the points which Central Government took into account in placing this important responsibility on Community Physicians. These include the emphasis on the reorganization of Health Services to match those of the Local Authority following nuclear attack and the need for basic Public Health measures in order to maintain the health of the many survivors following nuclear attack.

The whole emphasis of circular HDC(77)1 was that of contingency planning. Thus it indicated the basic organization required and the designated individuals responsible. Therefore, if the worst came to the worst, the health services could achieve a flexible response in a situation where normal communications, public utilities, transport and other facilities are severely disrupted. It is of interest that Dr Horner indicates that first-aid posts and casualty clearing centres are remnants of the Second World War but we have yet to hear from Community Physicians of viable alternatives to this basic local approach.

The major emphasis of the BMA Report and that of the Faculty of Community Medicine was directed towards the prevention of a nuclear war in that the horrors, that is Dr Horner's Armageddon, were so horrific that nothing could be done except to persuade the world leaders that nuclear war was too frightening even to contemplate. There is no doubt that this message is well understood at all levels of society and in all countries of the world, the lay public being more frightened than the knowledgeable medical profession. Nevertheless, National Defence policy is based on the deterrent effect of nuclear weapons, and we have had international peace now for nearly forty years solely as a consequence of this deterrence. It is clear that as Community Physicians we have the responsibility to back up this deterrence with a contingency plan of

sufficient merit to reinforce this fact. It is interesting that this was also the conclusion reached by the members of the British Medical Association at their Annual General Meeting last month.

Yours faithfully
W Lees
S. W. Thames RHA

S47 and the Community Physician

Sir,

At a recent meeting of Community Physicians in my Region, the question of Section 47 of the National Assistance Act came under discussion. The suggestion was made that the law should be changed to enable Community Physicians to be rid of duties under this Act and for them to be passed to Geriatricians. This raises a number of issues which might profit from a wider discussion.

In fact the law does not specify that the doctor initiating action should be a Community Physician, he is simply required to be a registered medical practitioner approved for the purpose by the relevant District Council. It is therefore open to any Health Authority to persuade District Councils to accept the nomination of a Consultant Geriatrician if this is seen to be the best way of ensuring that this work is properly done. It would of course also be necessary to persuade the individually named Consultant Geriatricians to act in this capacity.

Some Community Physicians clearly believe that the compulsory removal of individuals under Section 47 is a clinical decision and therefore inappropriate for doctors dedicated to the care of populations rather than individuals. Personally I do not hold this view, much as I dislike dealing with Section 47 cases I have not identified any other group of doctors whose training and experience equips them to decide which cases should be represented to Magistrates for compulsory removal.

Firstly there is the question of legal interpretation and then judgements as to whether the criteria of the Act are met. Section 47 is often criticized but its

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wording is surprisingly precise and significant as, indeed, legal provisions that can be invoked without a crime committed.

There is the need to ensure that a disease exists or to decide if an elderly, infirm and unable to obtain care from or clinical judgement, infirm of 1948 implied a state should not therefore be considered robust victims of senile dementia just that, not medical care, ordinary care that individuals each other in a domestic setting are judged to be elderly and in need of care, there is the question of conditions. Here again constitutes a condition sufficient to justify loss of personal judgement we are entitled to interest of the individual to prevent injury to the health of other persons.

It is also my experience that a colleague who deals with cases that it is comparatively easy to have been properly managed for the patient satisfactory to see such cases more properly co-operation of the Health and District Council and attempt to secure 'proper' the necessary representation to Court.

I am not claiming that the only registered medical making these judgements organizing co-ordinated health in the training of other medical better alternative. Having Health Authority is free to Authority the names of equipped to discharge the and humanity.

Positive Health Indi

Sir,

It is heartening to see a commitment from Dr Catford (*Community*) measurement of health performance Office of WHO for Europe subject within the overall goal Year 2000, through attention targets for the Region and, n