

ETHICAL MEDICS

When the British Medical Association makes statements which contradict its reactionary image the assumption is made that the profession is at last moving to the left.

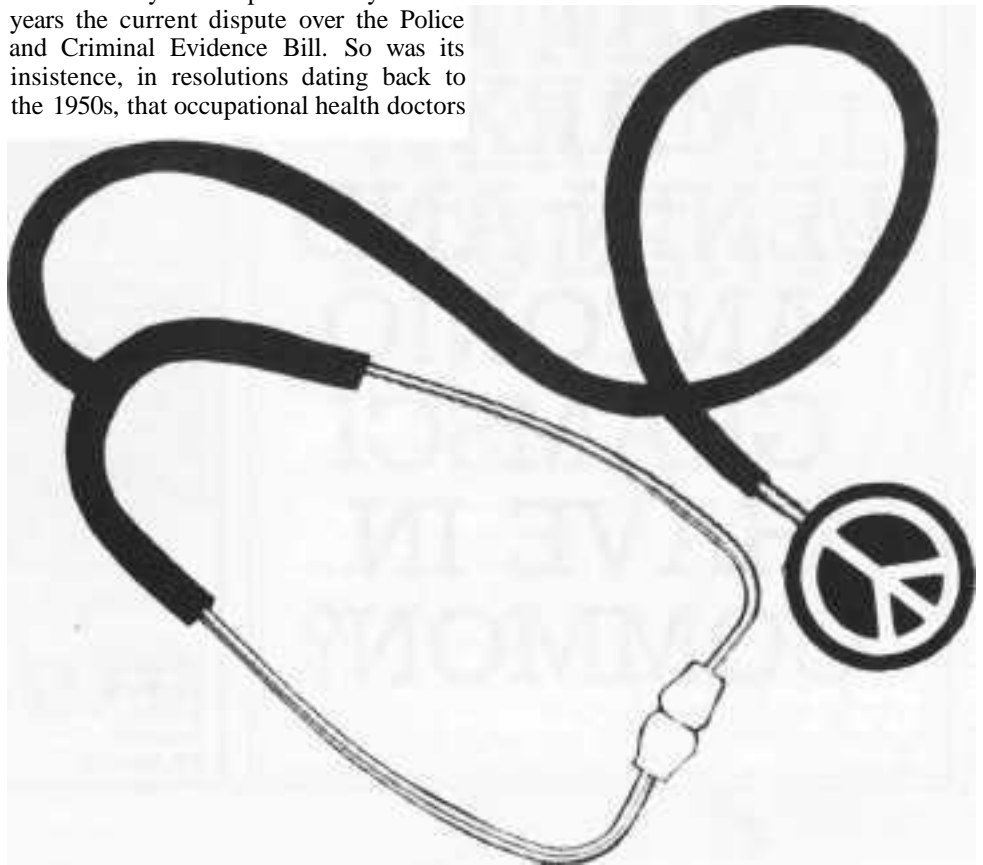
The recent Annual Representative Meeting of the BMA provides some grounds for that assumption. The decision was taken to remove tobacco shares from the portfolio of a BMA sponsored insurance brokerage. The conference reaffirmed its support for changes in the abortion law in Northern Ireland. Both of these decisions were taken against the advice of the platform. A resolution was passed calling for a vigorous campaign for the banning of boxing, and this is an issue that BMA leaders seem to be getting their teeth into. A resolution was passed calling for less spending on defence and more on health care, a considerable change from last year's decision to take no political stance on nuclear arms.

However we can find similar pointers to a leftward drift at many other occasions in the past. The BMA support of the campaign for the Elizabeth Garrett Anderson hospital was hailed as a first sign of a move to the left. So was its campaign on seat belt legislation, and its long standing policy on fluoridation. So was its conflict with the Association of Chief Police Officers over confidentiality which preceded by several years the current dispute over the Police and Criminal Evidence Bill. So was its insistence, in resolutions dating back to the 1950s, that occupational health doctors

owe a greater responsibility to the workers in their company than to the company itself. So were some resolutions passed in the 1930s calling for universal national health insurance, resolutions which the BMA still quotes as evidence that it really supported the NHS all along.

So we should not read too much into the present signals — and we need to look more closely at the nature of medical politics. The medical profession grows out of a 150 year old battle. When the BMA was founded surgeons were craftsmen, physicians were domestic servants of the rich and apothecaries were tradesmen. Out of this unpromising material the BMA was to create a high status highly paid profession. It has also raised its own prestige. The BMA is a limited company recognised by the Inland Revenue as a professional society, but also registered as a trade union. Membership is entirely voluntary (it now includes over two thirds of doctors, up from a trough of under half in the 1970s), although the BMA also acts as a secretariat for the officially recognised negotiating bodies of the profession in which all doctors participate. The battles of the past leave a deep psychological impression, and the attitudes they fostered are reproduced by the whole process of medical socialisation.

The profession has a small trader mentality, a deep suspicion of any planning or control, and an almost paranoid reaction to the outside world which makes it reluctant



to share its power with any other group. Indeed it does not even recognise that it possesses the great power within the NHS that it actually does — it is more likely to perceive itself as buffeted by forces beyond its control. It clings to the establishment like the snobbish rising craft it used to be.

But there is also a fierce independence and distrust of authority. Conflicts with the police over confidentiality of medical records indicate a good record on civil liberties. There is a commitment to health and to patients and a willingness to champion their interests.

From these conflicting themes it is possible to see the areas in which the profession is liable to take up progressive attitudes and the areas in which it has always been reactionary.

Two further aspects of the profession's politics must also be understood. One is the unity of the profession (a precondition of the successful campaign to raise the profession's status) and the other is the depoliticisation of the profession (a precondition of its acceptance as a disinterested medical adviser, and paradoxically something which empowers left wing doctors by sheltering them within a non-political image). It is sometimes hard to see the depoliticisation amidst all the trappings of

a sophisticated medicopolitical machinery. But that machinery is mainly concerned with conflict between the different sections of the profession, and it is really part of the process of negotiating the terms on which the unity of the profession can be maintained. Indeed the Left, in using the machinery for its ostensible purpose of discussing politics, is seen as betraying the profession by using the machinery of unity in a divisive way.

Conflict between depoliticisation and the political demands of the profession's commitment to health is resolved in a number of ways. The BMA will be overtly political where the interests of doctors are directly involved; on 'safe' political issues which are not at the cutting edge of party political conflict or of class conflict; and on issues of medical ethics, since these are the roots of the profession's respect.

Where an issue affects health care, but is not 'safe', the BMA will make supportive statements but will stay away from the battleground. Battles against health cuts, lying as they do at the centre of political schism, attract only patronage.

Public health is less legitimate than health care, and public health campaigns only take place on 'safe' issues. Smoking or seat belts do not strike at the root of class

conflict or party conflict. On nuclear war or unemployment, which do, the profession is more circumspect. The furthest it will go in such areas is scientific legitimisation; it supplies the scientific facts, authoritatively presented, but refuses to draw any conclusion. Progress was made this year on nuclear war because the resolution had been drafted in a vaguer and safer way, expressing everybody's hope for turning swords into ploughshares, and was safe enough to attract patronage.

The abortion in Northern Ireland decision was perhaps the most interesting issue because it marked a conflict between the 'safeness' of this issue to the bulk of the delegates and the 'unsafe politics'¹ perception of the profession in Northern Ireland. The BMA Northern Ireland Council saw the issue, raised by young left wing doctors in the province, as unsafe politically and opposed it. The platform rallied round this point of view to preserve unity. The conference, seeing it as a safe issue, reacted to this attempt to run away from the profession's right to make an independent judgement and defeated the platform.

The good news is that the BMA isn't as bad as we've all always thought. The bad news is that it isn't getting better.

Steve Watkins

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