

Doctor's Pressure Points

Recent publicity about junior hospital doctors' marathon hours of work has resulted from a five-year campaign by the Medical Practitioners' Union (MPU - part of the MSF trade union) to reduce hours of work by statute. The sponsored bill is currently before the House of Lords. Why do such working practices - a system reminiscent of Victorian public-school fagging - exist in the 1980s?

Despite the advent of the NHS in 1948, pre-existing practices, in which junior doctors are the *de facto* employees of consultants, persist today. In every district general hospital in the country, teams of three or four doctors work directly for one or two consultants, and receive teaching from the consultant or one of the more senior doctors in the team.

This system descends directly from the 19th-century practice of doctors receiving training in exchange for their labour. 'Juniors' were responsible for the 24-hour care of patients with no time off except with consent of the consultant, and only if the individual could arrange cover for the consultant's patients. To the present day, a similar system is judged by the profession to be useful in the development of doctors, and is bolstered through tacit agreement between the profession and the NHS administrative hierarchy over the years. It has provided a very cheap source of highly-skilled labour and relieved hospital administrators of responsibility to ensure adequate staffing levels.

On an individual level, the system reinforces doctors' belief in ourselves as 'super individuals' and helps to reduce self-doubts about effectiveness. Collectively, the long hours have become a rite of passage into a semi-monastic world: completing a complex process of socialisation started at

medical school, which makes the profession introspective, secretive, paternalistic and individualistic. Some of the most talented school leavers are thereby turned into doctors whose systems of thought and action make them totally unsuited to the multidisciplinary health teams which should be the norm in the health service in the late 20th century.

The political process which has led to British Medical Association (BMA) support for a trade-union sponsored bill is an interesting one. It started with an MPU campaign, 'Action on Hours', in the late 70s, which gained gradual support and membership for MPU in the early 1980s. In 1984 it was decided to campaign for a statutory maximum 60-hour week, and more importantly to become more active in the BMA-dominated medico-political machinery. All doctors in this country, whatever organisation they belong to, have their terms and conditions of service negotiated by 'craft committees' which are serviced by the BMA. The BMA is thus able to throw a mantle of consensus over the profession and claim sole negotiating rights for doctors.

Since 1985 the MPU has gradually increased its influence in the junior doctors' craft committee and has argued its case strongly at district hospital level. Finally this year, an overwhelming majority in the craft committee voted in favour of legislation. The BMA was forced to follow or risk its reputation as the voice of doctors.

The opponents of a legal limit on working hours have been arguing that hours can only be reduced by a very large increase in the number of junior hospital doctors. This is not true, based as it is on the continuation of current working practices.

In future, there must clearly be a move to more flexible working practices, involving planning of doctors' work to meet need. This will involve greater use of shift systems and involvement of other health workers in extended roles. •

Rob Hughes



Young Doctors: Snatching some protest during their 60-hour shift