

Letters to the Editor

Please e-mail letters for publication to Dr Kamran Abbasi [kamran.abbasi@rsm.ac.uk]. Letters should be no longer than 300 words and preference will be given to letters responding to articles published in the *JRSM*. Our aim is to publish letters quickly. Not all correspondence will be acknowledged.

Reed-Elsevier, academics and the arms trade

I share Richard Smith's outrage at publishing house Reed-Elsevier's participation in the arms trade (*JRSM* 2007;100:114–115). For this reason I joined some 140 other academics in writing an open letter to Reed which appeared in the Times Higher Education Supplement on 1 March 2007. In the letter we call on Reed to cease all involvement in arms fairs. In particular we state that Reed's involvement in the arms trade 'is entirely at odds with the ethical and social obligations we have to promote the beneficial applications of our work and prevent its misuse, to anticipate and evaluate the possible unintended consequences of scientific and technological developments, and to consider at all times the moral responsibility we carry for our work.'

The letter is signed by some of the most respected minds in academia, united by their disgust at Reed's participation in the murderous business of selling arms. It forms part of an ongoing campaign; an online petition requesting that Reed stop organizing arms fairs has almost 1000 signatories: <http://idiolect.org.uk/elsevier/petition.php>

In addition many academics have refused to submit papers to Reed journals until they get out of the arms trade: <http://cage.ugent.be/~npg/elsevier/signstatement.html>

The tide is turning against Reed and it is turning because academics are taking a stand. Join us!

Competing interests Dr Gill is a signatory to the 'No to Reed-Elsevier!' academic boycott.

Dr Nick Gill

E-mail: nickgill@cantab.net

REFERENCE

- 1 Smith R. Reed-Elsevier's hypocrisy in selling arms and health. *J Roy Soc Med* 2007;100:114–15

Tempus fugit: competency assessment in Modernizing Medical Careers

As Osbourne¹ highlights (*JRSM* 2006;99:56–7), the very nature of the Foundation Programme necessitates a significant investment of time in competency assessment. The advent of Modernizing Medical Careers (MMC), and

resulting competency assessment, is beginning to have an even greater temporal impact on both the trainer and trainee alike. There has been a considerable amount of effort put into formalizing the process of competency assessment. I have noticed that the current crop of junior doctors wander the hospital corridors, stopping and asking anyone who is willing to listen to fill out an assessment form. If they were canvassing for election, then these would be the voting slips. Perhaps in some way they are; there is a notion amongst all that the more forms they have, the better their chance of getting a job. I am beginning to see the parallels with job seeking in the political arena!

In the spirit of MMC, I decided to perform a prospective audit assessing how much of my time was consumed with junior doctor competency assessment. Since data collection began in October 2006, I have spent 1135 minutes completing the various assessment forms. The median time is 62.5 minutes per week (range 30–120 minutes). Logistic regression analysis demonstrated that, if one assumes a linear trend, then my workload will increase by over six minutes per week (95% confidence interval 5.14–6.89 minutes). This translates to eight hours work per week by the end of February 2008!

Clearly, one cannot assume a linear trend, but if one factors in short-listing and interviewing—and indeed compulsory training courses for the aforementioned—then the linear trend may not be too erroneous. Only time will tell how much MMC will increase our workloads. However, I suggest the burden of competency assessment, short-listing, interview and selection will be significant. Perhaps consultants should negotiate a specific programmed activity (PA) for this?

Competing interests None declared.

Dr A D Farmer

Specialist Registrar in Gastroenterology and General Internal Medicine, City Hospital, Sandwell and Birmingham NHS Trust, Dudley Road, Birmingham B18 7QH, UK
E-mail: penv@mac.com

REFERENCE

- 1 Osbourne J. Modernizing Medical Careers: an open letter to Royal College Presidents. *J R Soc Med* 2006;99:56–7

Osborne and Craft duologue: relative values

Dr Jonathan Osborne's open letter to Royal Colleges' presidents roundly denounced the Royal Colleges in his analysis and perception of their acquiescence to Government and the Postgraduate Medical Education and Training Board (PMETB) (*JRSM* 2006;99:56–57).¹ He declares the Government's Modernising Medical Careers, in implementing post-foundation medical training, is 'not in the best long-term interest of either patients, future consultants, general practitioners or the royal colleges.' Osborne pleads with the Royal Colleges to prove him wrong by blocking the current reforms to postgraduate training.

This Society's decision to support Osborne was taken following careful consideration of his tightly argued case and, we submit, the less than persuasive response by Dr Alan Craft in his capacity as Chairman of the Academy of Royal Medical Colleges. Craft dismisses Osborne's accusation of being 'led by Government' by claiming that the Royal Colleges 'are taking a leading role.' But this is immediately undermined by his then referring to these 'inevitable reforms' and further declaring 'we do not necessarily agree with all the [Government] pressure put upon us' (*JRSM* 2006;99:165–167).²

Craft cites the European Working Time Directive (EWTD) as another supporting reason for his advocated changes. Medical pressure on Government by a vigorous, notionally self-regulated profession should surely decide this as an item to be opposed by invoking the EU 'subsidiarity' Home Affairs doctrine for individual countries' limited self-determination.³

Support for a moratorium on—if not cessation of—politically driven proposals, is the observation that never before has the near-monopoly provider system of health care to the nation, the NHS, been so obviously unfit for purpose and in such a state of chaos as Government piles change upon change with alarming acceleration and cost to the taxpayer.³ We strongly endorse Osborne's position and plea.

Competing interests None declared.

Note Following publication of this letter an extended version will be released on the Society's website www.scpNet.com

Dermot Ward

Chairman, Society of Clinical Psychiatrists,
4 Jubilee Terrace, Chichester,
West Sussex PO19 7XT, UK
E-mail: dermot.ward@talktalk.net

REFERENCES

- 1 Osborne J. Modernising medical careers: an open letter to the Royal College Presidents. *J R Soc Med* 2006;99:56–7
- 2 Craft A. Modernizing medical careers: a response from the Academy of Medical Royal Colleges. *J R Soc Med* 2006;99:165–7
- 3 Bercow J. Subsidiarity and the illusion of democratic control. Available at <http://www.brugesgroup.com/mediacentre/index.live?article=192> (accessed 02/09/2006)

The value of an interview

I should like to attempt an answer to the question posed by Arun Natarajan in the January 2007 issue of *JRSM*: what is the value of an interview?

Interviews are usually seen as opportunities for candidates to sell themselves to employers. However, there is another side to the coin—the opportunity for employers to sell themselves, and sometimes to betray themselves, to potential candidates! Several years ago I had an interview for an SHO post at a swanky London Hospital. All potential candidates had been invited to spend the day in the Department and, up to the time of the interview, I was very keen to be appointed. Half way through the interview I had the overwhelming impression that the post was not for me. Indeed it was almost as though somebody tapped me on the shoulder and said, 'whatever you do, don't accept this job!' Fortunately, the job was not offered and I was spared further temptation. Several years later I met the successful candidate and asked how he had got on. 'It was quite simply the worst job I ever did and I couldn't wait to finish,' he replied. I don't suppose all interviews leave as deep an impression on candidates as this particular one did for me but I think the principle is clear. It is important for candidates to see the people who will train them or employ them and decide whether they will be happy in that department. Staff who are happy and at ease in a Department are staff who make the best of the opportunities there and I think it remains important for candidates to be able to put their future employers on the spot.

Competing interests None declared.

J R Pilley

Consultant in Orthodontics
E-mail: jrpilley@aaaht.scot.nhs.uk

REFERENCE

- 1 Natarajan A. What is the value of an interview? *J Roy Soc Med* 2007;100:57–8

Placebo management of psychogenic disease

In their article on placebo management of psychogenic disease, Lim and Seet (*JRSM* 2007;100:60–61) repeatedly state that administering placebos to patients ‘is a useful diagnostic test to distinguish between psychogenic and organic disease.’¹ They do not provide a reference for this statement—presumably because there is no reliable original research to support this statement. In fact, this notion is

based on a myth which has long hindered progress in understanding placebo-effects. It is time to abandon it!

Competing interests None declared.

E Ernst

E-mail: Edzard.Ernst@pms.ac.uk

REFERENCE

- 1 Lim ECH, Seet CS. What is the place for placebo in the management of psychogenic disease? *J Roy Soc Med* 2007;100:60–61

Correction

There were a number of inaccuracies in H Milburn’s review of the diagnosis and treatment of tuberculosis in last month’s *JRSM* (*J Roy Soc Med* 2007;100:134–141), for which the Editorial Team apologize. Corrections are as follows:

In Table 2, the column heading ‘Healthy contacts (*n*=123)’ should have read ‘Healthy contacts (*n*=103)’

The third sentence in the third paragraph under the heading ‘Vitamin D’ should have read ‘Furthermore, only three TB patients (2.5%) had normal levels (all from the same family with a diet rich in fish) compared with 27% of the controls.’

Figure 4 was missing from the article and is reproduced here instead.

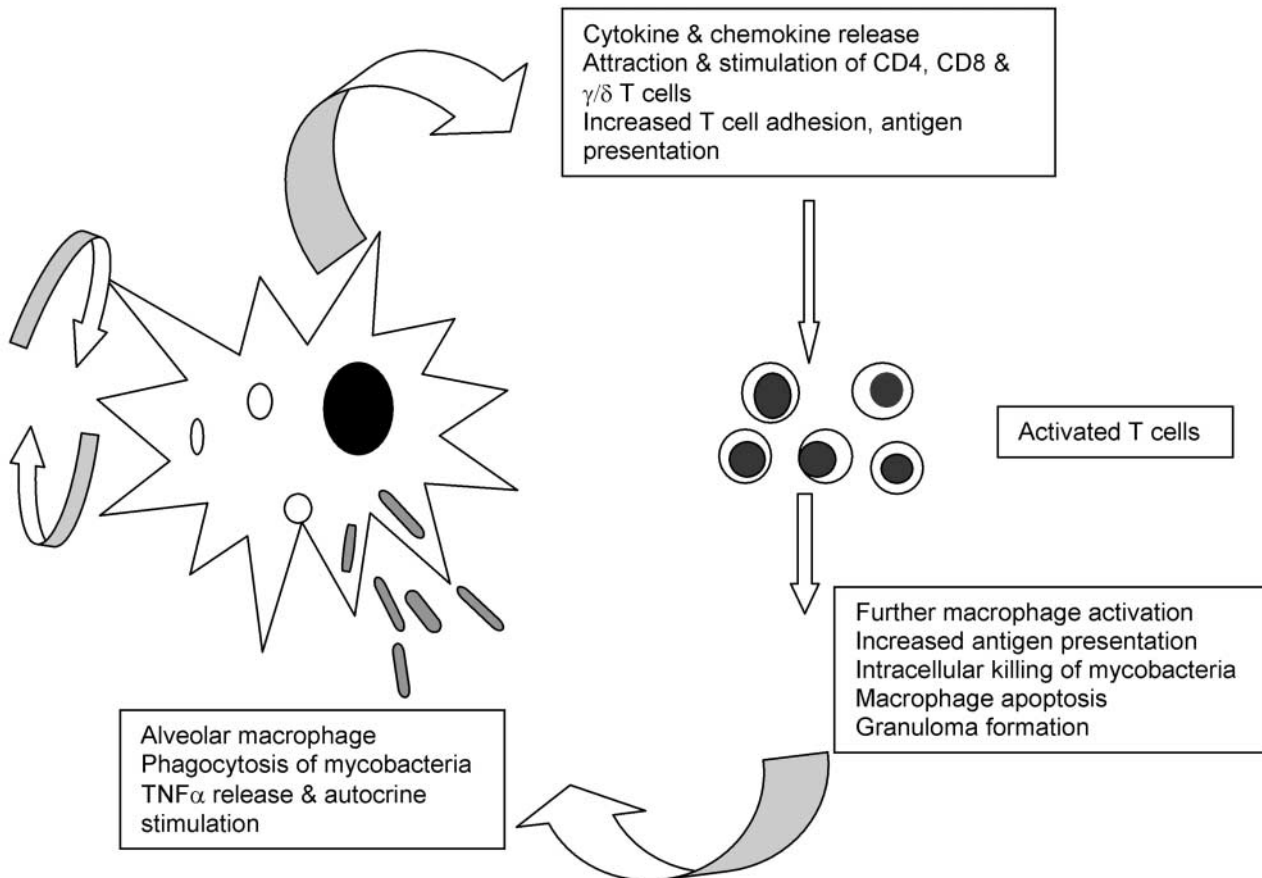


Figure 4 Suggested role for TNF α in the immune response to mycobacteria in the human lung. The organism is phagocytosed by activated alveolar macrophages. This triggers TNF α release which stimulates clonal expansion of T cells, release of IFN- α , intracellular killing of mycobacteria, macrophage apoptosis and granuloma formation.