

decides whether a complaint should be dealt with by a formal procedure. As a result, general practitioners have faced time consuming and stressful investigations and hearings, even when the complaint concerned a trivial matter. Officers dealing with complaints in general practice have not been held accountable for deciding whether to go to a formal hearing in any particular case. Satisfying the complainant has been the object of complaints procedures in general practice, not necessarily ensuring that justice is being done.

General practitioners facing a complaint in the past have been found in breach of their terms of service in areas not covered by the complaint. The chief executive or, in primary care, a specially appointed complaints executive will therefore need not only to check that the issues are clearly stated and appropriate but to be held accountable for deciding whether a complaint should be rejected before stage II is initiated.

General practitioners are in a position to forewarn their NHS colleagues of the taste of things to come. Before accepting the proposals our leaders should seek clarification on the aforementioned points and, indeed, many others that general practitioners are anxious about.

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Pregnancy and immunity

EDITOR,—The idea of a fetus acting as an allograft is fascinating.¹ The concept of localised complex signalling systems, with signals passing from the conceptus to the mother throughout pregnancy, is appealing and is given further credence by evidence that embryo derived suppressor factors may play a part in early implantation.² Gordon M Stirrat uses the absence of HLA antigens on the syncytiotrophoblast to back up his statement that "immune adaptation is not required for the mother to cope with the fetus as an allograft."

The fetal-maternal allograft is often quoted as an immunological paradox. Several immunological features that arise during pregnancy are paradoxical to the editorial's main theme. For instance, there is clearly a modulation away from cell mediated immunity (a fact acknowledged in the editorial), which may entail suppression of interleukin-2.³ This immunomodulation results in the maternal serum becoming highly immunosuppressive during the second and, especially, the third trimesters of pregnancy.

Furthermore, research into recurrent spontaneous abortion also indirectly indicates that other maternal immune adaptations occur. Despite the absence of HLA antigens on the syncytiotrophoblast, couples who share too many HLA antigens seem to be more prone to recurrent spontaneous abortion.⁴ Women suffering from recurrent spontaneous abortion seem to fail to make antibodies to their partner's lymphocyte antigens,⁴ although a clear mechanism explaining the need for anti-paternal antibodies in maternal serum has not been established.⁴ Certain allergic conditions (my unpublished data) and certain immunological conditions, such as rheumatoid arthritis,⁵ improve considerably during pregnancy, which perhaps provides further evidence of a more generalised

immunosuppression arising from the modulation of cell mediated immunity.

Further research will almost certainly show that most mothers remain immunocompetent throughout pregnancy, but the above mentioned paradoxes suggest that we are still viewing only the tip of the iceberg with regard to the complex immunology of pregnancy. More careful study of cancers arising de novo in pregnancy, the complications of certain cancers during pregnancy (breast cancer and non-Hodgkin's lymphoma, for example), and other diseases (allergies, systemic lupus erythematosus, other autoimmune conditions) may throw more light on the matter. In particular, we need to recognise that, especially during the third trimester of pregnancy, some mothers may be appreciably immunosuppressed.

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Safety and magnetic resonance imaging

EDITOR,—Ivan Moseley gives a wide ranging review of the prostheses that may be adversely affected by magnetic resonance imaging.¹ To this should be added the prostheses that are used in otolaryngology. Hearing aids, particularly those "in the canal," are easily overlooked and may be damaged. Some grommets have a wire attachment to aid their removal and are therefore theoretically at risk of displacement. Steel wire is also a component of some stapes prostheses, displacement of which may cause deafness, vertigo, and tinnitus. Other metallic objects that are occasionally used include clips to ligate branches of the maxillary artery and staples after excision of a pharyngeal pouch.

As patients may be unaware of the details of their surgical history, it may be prudent to consider issuing cards after surgery that provide information on the use of metallic objects or prostheses.

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Pituitary tumours

EDITOR,—Andrew Levy and Stafford L Lightman review the diagnosis and management of pituitary tumours.¹ Our practice differs from theirs in one important aspect.

The authors suggest that if the circulating cortisol concentration increases to over 495 nmol/l in response to 250 µg of tetracosactrin then glucocorticoid replacement is unnecessary. The use of the short tetracosactrin test as a substitute

for the insulin tolerance test for postoperative assessment of the hypothalamic-pituitary-adrenal axis remains controversial. Stewart *et al* have suggested that the short tetracosactrin test is generally sufficient and that the insulin tolerance test should be reserved for patients who yield an abnormal result in the short tetracosactrin test.² We have reservations about this and reviewed the results of all paired short tetracosactrin and insulin tolerance tests performed in the past three years in our investigation unit. Among the 27 patients in whom the insulin tolerance test yielded an abnormal result the cortisol concentration was over 500 nmol/l at 30 minutes in four whereas it had reached this value at 60 minutes in 10. If the criterion of a circulating cortisol concentration of 700 nmol/l at 30 minutes had been used no patients would have been missed, whereas if a cortisol concentration of 650 nmol/l had been used two patients would have been missed. The value at 30 minutes provides a better indication of the function of the hypothalamic-pituitary-adrenal axis. The short tetracosactrin test may be a safe, simple, cheap, and reasonably reliable substitute for the insulin tolerance test, but the cortisol concentration considered to represent a normal response remains undetermined.

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Finns defined patients' rights before Dutch

EDITOR,—A new, comprehensive law on patients' status and rights in Finland took effect on 1 March 1993 after a long period of preparation. Thus Finland was the first country in Europe, one year before the Netherlands,¹ to pass a law defining the responsibilities of health professionals to their patients.

The Finnish Act on Status and Rights of Patients concerns the care and treatment of patients in all health care settings. The act thus covers municipal, private, and state health care. Every person who lives permanently in Finland is, without discrimination, entitled to the medical care required by his or her state of health within the limits of the resources that are available to health care at the time.

The aim of the new law is to secure patients' rights to health care of good quality and to self determination. The patient has a right to refuse a certain treatment or measure and to be cared for, as far as possible, in another medically acceptable way in mutual understanding. The act covers, among other things, access to treatment, patients' right to be informed, the right to self determination, the status of patients who are minors and the powers of a representative of the patient, emergency treatment, complaints and the patients' ombudsman, patients' documents, and confidentiality of information in patients' documents.

In addition to this act we have a law concerning injuries to patients, which took effect on 1 May 1987. It has created an insurance system, which compensates for personal injuries suffered in connection with health and medical care.

A bill concerning health care professionals and their practice, registration, and control is currently being considered by parliament. The aim has been to include all health care workers, be they medical,