this but what can be done about it. We must all share the blame; the responsibility is proportionate to the responsibilities that we each hold in the health service, diminishing in increments from deans, professors, and directors to medical students. Each can play a part in putting things right. I do not think that making medical trainees "more rounded people before they enter medical school" is feasible.

I have six suggestions. Firstly, two articles on palliative care in the Christmas issue[2 3] should be given to every medical student on qualifying under a front sheet stating that the traditional role of a doctor is "comfort always, help sometimes, cure rarely."

Secondly, a lecture on great doctors of the past whose lives in medicine have been of great benefit to those who have suffered illness should be given termly or annually. For instance, in orthopaedic surgery I think of Hugh Owen Thomas, Robert Jones, and Gaythorne R Girdlestone.

Thirdly, I have seen leading orthopaedic surgeons competing in "my most instructive mistake" competitions." There is nothing more refreshing than to learn of mistakes: they are a wonderful antidote to the constantly trumpeted records of clinical success. It would be extremely valuable to witness such a competition played out among physicians, surgeons, nurse managers, and hospital administrators; final year students could adjudicate.

Fourthly, I suggest that the *BMJ* should invite consultant A, mentioned in one of the articles on palliative care,[2] to submit an account about how he is going to improve matters in his team so that the suffering described in the article is less likely to happen again.

Fifthly, assessment of medical students by their teachers is now common, but as far as I know few medical schools in Britain, if any, ask pupils to assess teachers. This was once done unofficially in Birmingham, and the student responsible was threatened with expulsion when the assessment was widely circulated.

Sixthly, one or more terminal care physicians from the hospice movement should be given honorary university appointments and medical students should be attached on secondment for a week or two.

Others will find their own inspiration for moves to improve the quality of care, which is a complement to technological achievement, not an alternative. The current rearrangements in the NHS are likely to aggravate the problem because admissions and medical hours worked will both be shorter.

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Audit of doctors and patients' views may help

EDITOR,—D J Weatherall's comments on the interpersonal skills of clinical staff highlight how good communication enhances clinical effectiveness.[1] This has been shown by several studies.[2 3] While communication skills are increasingly being included in undergraduate courses and postgraduate training in general practice and psychiatry, for example, there remain the questions of how communication between a clinician and a patient may be assessed and improved for established health care professionals and how the patient might have a direct input.

The former Wessex Regional Health Authority has worked with the College of Health and a communication skills facilitator to pilot a simple approach to an audit of consultations. The basic premise is that the doctor and the patient should hold the same views of the nature and effectiveness of the exchange of information at a consultation. Focus groups were arranged to determine patients' views of the key features of visits to a consultant. Results, combined with a review of video recordings of consultations, provided seven key elements in the exchange of information. These seven elements were incorporated into statements included in two questionnaires, one from the patient's perspective and one from the doctor's perspective. Both doctor and patient were asked to assess the statements, with respect to the consultation just completed, on a five point Likert scale; space was available for free text comments as well. In a pilot study, in which the patients remained anonymous but the consultants could be identified, 120 paired questionnaires were analysed by the College of Health and results were fed back to the five consultants (two surgical and three medical specialties) who participated in the study.

The process encouraged the doctors to reflect on their approach to communication with patients during consultations and enhanced their interest in this topic. The patients also found the exercise valuable and expressed their feeling of involvement in an important aspect of care. Free text comments from patients were a valuable stimulus to discussion when the five consultants met to discuss the findings. Feedback was generally positive, probably because of the way in which the group had been chosen and its willingness to participate. When this approach is used more widely, however, specific training needs may be identified; these should be met by courses for health care professionals in communication skills, counselling, etc. This audit approach may help to enhance communication in clinical practice.

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2 Kaplan SH, Greenfield S, Ware JE. Assessing the effects of physician-patient interactions on the outcomes of chronic disease. *Medical Care* 1989;**27**(suppl 3):S110-27.
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Medical students are positive about the future

EDITOR,—It is unfortunate that an editorial entitled "The inhumanity of medicine" should focus on medical students.[1] Many would argue that students are in a better position than hardened professionals to spot inhumanities in established procedures and are more perceptive of insensitive behaviour towards patients. D J Weatherall seems to blame students and juniors for the situation in which they find themselves rather than the educational, political, and medical authorities. Can 15 year olds be held responsible for the system that requires them to become "narrow specialists" by choosing just three or four subjects at A level? Is it medical students' fault that they do not have the time or money to pursue a broad range of interests including "enjoying the arts" and "learning about the world at large"?

I have never heard of a medical school that has had trouble filling student positions on committees, and the membership of the BMA among students has never been higher. We cannot be accused of not contributing to the improvement of our situation.

In contrast with Weatherall, I feel positive about the future humanity of medicine. The wholesale reform of the curriculum going on at medical schools throughout Britain to meet the recommendations of the General Medical Council's framework document *Tomorrow's Doctors* is revitalising teaching, thanks to the daring and commitment of many staff. Despite the problems of the profession at large the calibre of applicants attracted to the undergraduate course is as high as ever. I take issue with Weatherall over what he claims to be the increasingly narrow experience of life of today's students. Large numbers of students take a year off between school and university to broaden their outlook by travel, voluntary work, or employment of various kinds. Modern courses place emphasis on awareness of and respect for the diversity of modern family and social circumstances. Despite pressure on their time many students maintain interests outside medicine—perhaps the fictitious "goal oriented" grade VIII musician whom Weatherall derides now plays in a jazz trio or busks in the high street on a Saturday morning to supplement a student loan.

If students are to be targeted in calls to improve the humanity of the profession the onus falls equally on their teachers to be committed to this crucial feature of their professional lives.

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Plato on social inequality

EDITOR,—"In Britain inequality is spiralling out of control," Peter Townsend writes as the subtitle of his editorial,[1] published in juxtaposition to an editorial carrying the subtitle "*Homelessness is an avoidable cause of ill health.*"[2] It may be salutary to take into consideration the views of Plato, writing in the 4th century BC on the topic of inequality in the distribution of wealth.[3]

The form of law which I should propose as the natural sequel would be as follows: In a state which is desirous of being saved from all plagues—not faction but rather distraction—there should exist among the citizens neither extreme poverty, nor, again, excess of wealth, for both are productive of both these evils. Now the legislator should determine what is to be the limit of poverty or wealth. Let the limit of poverty be the value of the lot; this ought to be preserved, and no ruler, nor any one else who aspires after a reputation for virtue, will allow the lot to be impaired in any case. This the legislator gives as a measure, and he will permit a man to acquire double or triple, or as much as four times the amount of this.

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