

■ RETENTION FEES

Tax-deductible

From Mr L. Cipollone

It has come to our attention that not all pharmacists are aware that their annual retention fees to the Royal Pharmaceutical Society are tax deductible. This concession also extends to subscriptions to journals which are relevant and essential to pharmacists to keep up their professional knowledge.

Self-employed pharmacists are already likely to make the claim in their annual accounts and tax returns. Pharmacists who are employees are also allowed to deduct the cost of the retention fee and journals from their gross salary on their annual tax returns, provided they have paid for them and their employer has not refunded the cost to them.

Pharmacists who are employees should contact their tax office every year to make sure the deduction is made.

Lorenzo Cipollone

*Chartered Certified Accountant
Hutchings & Co
Amersham, Buckinghamshire*

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■ CONTRACTS

PSNC totally inadequate

From Mr H. Patel, MRPharmS

I applaud Andrew Lansley, the shadow health secretary, for highlighting the fact that the Pharmaceutical Services Negotiating Committee is totally inadequate for negotiation with the Department of Health (*PJ*, 9 February, p139). I am an independent contractor who has suffered like all of my colleagues over the past few months with the drastic reduction in category M prices. The PSNC hastily sold us a new contract that is far worse than the one the GPs managed to negotiate. On a regular basis the payment structure is altered and imposed to suit the DoH. Take, for example, the removal of "zero" discounted products from the Drug Tariff and applying a global discount. There is no way for me to check whether I lose money every time I dispense expensive items for which I do not receive a discount from the wholesalers.

Another example is the huge reduction in discounts that the big pharmaceutical companies like

Pfizer and AstraZeneca are imposing on us. What is the PSNC doing about that? Let me guess — it is carrying out a detailed audit and analysis using sophisticated statistical techniques and is in constant negotiations with the DoH. It is always the same answers and platitudes from the PSNC. In the meantime we are losing money right now. Is the PSNC going to be able to negotiate a backdated settlement? I doubt it.

I challenge anyone who is not connected with the PSNC to say anything in support of it.

It is about time the hierarchy at the PSNC started achieving real results rather than cosying up to the DoH just to get on the Queen's honours list.

Hitesh Patel

Pinner, Middlesex

SUE SHARPE, chief executive officer, PSNC, replies: Mr Patel identifies a number of problems with varying aspects of funding, including not just the control of purchase profit income and the impact of Category M price changes, but also actions by proprietary manufacturers that have led to large numbers of items being dispensed at a loss.

Despite all these examples we believe that the funding delivered to contractors in the course of the financial year 2007–08 will be on target. We monitor the income from fees and allowances, and also the overall purchase prices being paid by independent contractors. The invoice inquiries examine purchases of branded medicines as well as generics, so the cost of items dispensed at a loss is included in the calculations that ensure delivery of the target £500m purchase profit income.

The financial pain contractors are suffering at present results from levels of purchase profit income in the first half of the year (April to September) being well in excess of the target of £250m. Remedial action to prevent substantial overpayment has meant not just reductions in Category M prices to bring purchase profit levels to deliver £250m from October to April, but also reductions in fees to recover the excess earned in the first half.

Our work must be based on evidence and not on rhetoric, hectoring or abuse. That is why we will continue to analyse and gather evidence to support our negotiations. If, when the analysis is complete for this year, there has been an under-delivery in the financial year, then we will negotiate an adjustment. Meanwhile we are working to identify improvements to remove the risk of unacceptable volatility in income for the future.

■ PRESCRIPTION CHARGES

Abolishing charges would save money and have benefits

From Mrs T. Jenns, MRPharmS

I cannot understand why English residents are not up in arms about why they are to continue to pay a full prescription charge when Welsh and Scottish residents do not. This seems grossly unjust to me. In fact, the whole charging system is ridiculous. Surely it would be better to abolish all charges for everyone in the British Isles. Perhaps pharmacies in England should start a petition which members of the public could sign.

Letters to the editor

Letters for publication can be posted, faxed, or sent by e-mail to letters@pharmj.org.uk and should not normally be of more than 400 words and should cover one topic only. *The Journal* reserves the right to abridge letters and to edit them for clarity and style. Pharmacist correspondents should supply their membership numbers and a contact telephone number should always be given. Women correspondents should specify a preferred title otherwise "Ms" will be used.

Letters are accepted for publication on the understanding that they have not appeared anywhere, including electronic media, previously. If the issue is of such significance that the correspondent has simultaneously submitted the letter elsewhere, it is the responsibility of the correspondent to inform *The Journal* at the time.

Letters that are critical of individuals, organisations or companies may be sent to the person or body concerned so that they are given a simultaneous right of reply. In these instances, the authors' identities will not be disclosed until publication, and publication will usually be delayed.

Anonymity will only be accepted in exceptional circumstances. These circumstances will be at the discretion of the editor and the decision made in consultation with the correspondent.

Think of all the savings: no departments to process prepayment and medical/maternity exemption applications; savings with tax credit processing; a simpler process for pricing prescriptions; no investigations needed by the NHS fraud department to check patient exemptions; and an enormous saving on staff, paper, print and postage costs.

There would also be benefits for pharmacy: no more time-consuming receipts to write out in the pharmacy or give refunds for, and then for someone else to process in the PPD; no sorting prescriptions into separate bundles; less paperwork; no checking for proof of exemption; no charges from the banks when customers pay by card for a tax that we make no money from.

Would it not be wonderful not to have to ask patients whether they have to pay or not? We are all so busy now, it would be great to use the time instead to counsel patients. Life would be so much easier for those pharmacies on the borders of Scotland and Wales too.

And how much more straightforward it would be for electronic transfer of prescriptions. I believe one of the main stumbling blocks to a paperless system is how an exemption declaration might be made. Abolition of charges means no paperwork and that could save millions in ETP development costs and possibly bring implementation forward. It would also save pharmacy printing costs.

It all seems so simple. Of course, people will say it will cost too much. Well we could try it, and then if it all becomes too expensive we could add a few drugs to the blacklist or make some available to prescribe for selected conditions only. At least that can all be dealt with by computer programming.

Tessa Jenns
Wimborne,
Dorset

■ RESPONSIBLE PHARMACIST

Importance of pharmacists undermined by new roles

From Mr A. J. T. Low, MRPharmS

I would like to add my support to the letter in *The Journal* of 19 January (p50) by D. R. K. Brown, in which he writes in praise of the article by Steven Curtis on the "responsible pharmacist" (*PJ*, 8 December 2007, p652).

Recently I attended a talk on diabetes given by the Harrow and Hillingdon branch of the Royal Pharmaceutical Society, of which Mr Curtis is the chairman. Before the meeting itself, we were asked by a pharmacist giving a slide demonstration on Pharmacy 2020 what our views are for the future of pharmacy. I tend to favour the traditional model of pharmacy, but this speaker was proud to say that she has broken free of the dispensary role and is employed in expanded services. I was, however, grateful that at least we were being asked our opinions.

Pharmacists need to wake up and see that our importance is being undermined by fanciful talk of new roles. It is a "springe to catch a woodcock", to use a phrase from Shakespeare, a trap or snare for a simpleton. We will end up by totally devaluing the significant work we already do, and being hoist by our own petard. There is no shame in asking the Government to be paid more for what we already do in increasingly busy dispensaries, facing an increasingly demanding public, and we do not need to support any new roles or quixotic castles in Spain.

As Mr Brown says, we really need level-headed people to direct the way forward. We really need those brave people to engage with and confront the reality of our situation.

Andrew Low
Harrow,
Middlesex

■ COMMUNITY PHARMACY

The Society should take a proactive role

From Mr M. J. Shucksmith,
MRPharmS

In response to the letter describing one pharmacist's responsibility for 17,000 items a month David Puce, of the Royal Pharmaceutical Society, places the onus for action entirely on the individual (*PJ*, 23 February, p212).

Although I agree that personal responsibility in such situations is clear, surely this is a classic example of where the Society should be taking a proactive role and creating circumstances that are beneficial to both the general public and the pharmacist.

M. J. Shucksmith
Fordingbridge,
Hampshire

A perfect prescription processing machine

From Mr W. J. Ambler, MRPharmS

I write in response to Mike Brunt's letter concerning supervision (*PJ*, 23 February, p212).

Due to the way pharmacies are paid prescription volume is still the measure of business success. For a pharmacist to suggest to his employer that his workload is too high is to admit that he or she cannot cope. The expected response from the employer is that they will look then for someone who can.

Also the Disciplinary Committee of the Royal Pharmaceutical Society does not look sympathetically on dispensing errors caused by workload. It is a brave/foolhardy/thick-skinned employee who will take a complaint over his employer's head.

Notwithstanding all the current rhetoric a pharmacist must still be primarily a prescription processing machine. And a perfect one at that.

W. J. Ambler
Leicester

Holistic approach needed

From Mr N. V. Morley, MRPharmS

It was refreshing to read Martin James's letter, "Category M for muddle" (*PJ*, 16 February, p180). His suggestion shows that a holistic, joined-up approach is required by all elements of the healthcare chain: suppliers, distributors and primary care contractors. There is no doubt that in today's modern medicines management scenarios, this will also have to encompass primary care organisations. Perhaps the paraphrased words of John Donne might be apt: no community pharmacy is an island.

Nigel Morley
Surelines Pharmaceutical Services

Broad spectrum

The Broad Spectrum feature is open to any reader. Contributions of around 1,100 words commenting on topical issues should be sent to graeme.smith@pharmj.org.uk for consideration

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COMMUNITY PHARMACY

What is an acceptable workload?

From Miss C. M. Watson,
MRPharmS

Following the letter from Mike Brunt (*PJ*, 23 February, p212) I would like to see a debate starting around what is an acceptable workload for a pharmacist. I have read the advice given by David Pruce of the Royal Pharmaceutical Society in his response and I have also contacted the Society for advice in the past. I was told that pharmacists must not work in what they consider unsafe conditions but

E-mail
E-mail correspondents are asked to give a full postal address or membership number

we must also consider the effects on patients if we were to refuse to operate under these conditions. We would, therefore, appear to be between a rock and a hard place. Whistle blowers seldom prosper.

I had a salutary experience just before Christmas. Having almost completed a nine-hour day, supervised 500 items and 35 methadone prescriptions, I took some prescribed medicines out to the last patient of the day, who had

patiently waited while the queue died down. As I handed her the items I saw that tears were rolling down her cheeks. I smiled and asked if she was OK. She nodded and left, and I had no energy to take matters further. I feel I failed as a healthcare professional that day but I could have wept with her. This is the reality of much of community pharmacy and I, too, wonder how the Society let pharmacy sleepwalk into this state of affairs.

Pharmacists on the frontline with mortgages to pay and families to support cannot fight this battle. We need our leaders to act.

Catherine Watson
Tain, Ross-shire

EMERGENCY CONTRACEPTION

What is the Society's position of refusal to supply EHC?

From Mr D. Johnstone, MRPharmS

I was disappointed, and even disturbed, to read comments by Simon J. Lewis in his letter entitled, "As a Christian, I will not supply EHC" (*PJ*, 9 February, p149). The fact that he would allow his own religious belief, personal opinion and judgement to interfere with his decision to treat or care for a patient in his pharmacy is appalling.

When a member of the public comes to a pharmacist for advice

Journal Oversight Board

The Journal Oversight Board (JOB) is an independent body set up to adjudicate in the case of complaints about the editorial content of *The Pharmaceutical Journal* and related publications or the handling of such complaints by its editorial staff. It has investigated the following case.

The inquiry On 28 January the managing editor of *The Pharmaceutical Journal* wrote to the Journal Oversight Board asking it to comment on *The Journal's* policy on publishing letters on clinical matters from non-practising pharmacists.

The approach to the board followed a request from a correspondent, a non-practising pharmacist, who wanted to know whether the Journal now accepted letters on clinical topics from non-practising members, given the declaration such members have to sign.

The Journal's view of the matter is not the role of *The Pharmaceutical Journal* editors to police the practising status of its correspondents and that this should be a matter for their own consciences. However, given *The Journal's* status as the official organ of the Royal Pharmaceutical Society, the managing editor sought the board's view on whether the stance the editors had taken was the correct one.

Current guidance on practising status

Non-practising pharmacists have to make the following declaration to the Royal Pharmaceutical Society: "I am applying for retention in the non-practising register and under articles 3 (2), 11 (2) and 22 (2) of the Pharmacists and Pharmacy Technicians Order 2007. I hereby declare that I will not undertake any work or give any advice in relation to the dispensing or use of medicines, the practice of pharmacy or the provision of

healthcare in Great Britain, the Channel Islands or the Isle of Man."

The declaration was subsequently corrected as the following crucial phrase "whilst acting in the capacity of or holding myself out as a pharmacist" had been omitted at the end. The Society made clear that it would interpret signed declarations as if they included this text.

The accompanying guidance issued by the Society makes it clear that the purpose of this declaration is to protect the public by ensuring that patients are protected from practitioners who have not undergone the required continuing professional development and whose knowledge and skills may be out of date.

However, it goes on to say: "Non-practising pharmacists will continue to be subject to the code of ethics. They will also continue to have access to resources at the Society, including receiving *The Pharmaceutical Journal*, branch membership and being entitled to vote in Council elections. They will be able to use the restricted title "pharmacist" but will have to explain, when using it, that they are not practising."

The guidance also makes clear that the decision on whether to offer advice is a matter for individual professional judgement.

In addition the Pharmacists and Pharmacists Technicians Order 2007 states that "a person practises as a pharmacist or a pharmacy technician if, whilst acting in the capacity of or holding himself out as a pharmacist or a pharmacy technician, he undertakes any work or gives any advice in relation to the dispensing or use of medicines, the science of medicines, the practice of pharmacy or the provision of health care".

The important phrase in the guidance (and in the corrected wording of the

declaration) is "whilst acting in the capacity of or holding himself out as a pharmacist or a pharmacy technician". If a non-practising pharmacist does not hold him or herself out to be a practising pharmacist or in some way imply that that is the case then there would seem to be no objection to them offering comment.

Where does this fit in with Journal correspondence? The correspondence columns of any professional journal are intended to be an open forum for discussion and debate, a place where readers can challenge the journal and each other raising new issues as well as commenting on subjects that have already been covered. The decision about what is and is not published is a matter for the editor or those delegated with that task by the editor. Decisions about whether or not to publish will be based on the content and context of the letter and are made on a case by case basis.

Although the correspondence columns of *The Pharmaceutical Journal* can in theory be read by members of the public (arguably more so since the online version appeared) the purpose and content of *The Journal* and its letters pages is perfectly clear — this is a forum for pharmacists to talk to one another, not a vehicle for giving advice to the public. Given that the guidance on registration status specifically says that non-practising pharmacists should receive *The Journal* it is clear the Society regards them as part of this community.

Furthermore, the wording of the status of practising pharmacists in the 2007 Order makes it clear that this is not just a question of when they can or cannot give advice or make comments, but in what capacity they do this. The important point here seems to be that non-practising pharmacists should make

clear that they are non-practising.

Implications for *The Journal's* policy

The current policy leaves it to the judgement of the editor as to whether a letter is accepted for publication. By implication it does not preclude any reader from submitting a letter, nor does it impose a blanket ban on letters from any quarter. Instead it considers each letter on its own merits.

This represents good editorial practice which is found in other professional journals. Given the nature of the letters column and the fact that it is a professional forum and not for the giving of advice to the public, there does not appear to be any justification for excluding appropriate contributions from non-practising pharmacists.

However, while the managing editor points out that it is not the job of journal editors to police the practising status of their correspondents, it might be helpful for *The Journal*, in its advice to correspondents, to ask that non-practising pharmacists make clear their current status on all correspondence. This would not only protect the individuals concerned from any suggestion that they were contravening the declaration they had signed, it would also ensure that readers were clear as to the status of the writer.

Recommendation The Journal Oversight Board supports the view of the managing editor of *The Journal* that letters from non-practising pharmacists should be considered on their merit in the same way as all other letters are considered. It also recommends that if the author of a letter is not practising this fact should be included with the published letter.

Journal Oversight Board
26 February 2008

and appropriate treatment, they should not expect to be turned away, for any reason. By all means, make sure that the patient's decision is a well informed one. However, personal opinion, in this case, that the morning after pill can cause abortion, whether true or not, must be left out of it. Personal objectivity and professionalism should be maintained at all times. A muslim pharmacist, I am sure, will not refuse to give a cough bottle or mouthwash containing alcohol because they personally cannot consume alcohol. To do this would not be caring for the patient and looking after his or her best interest. If I refused to treat a patient based on my own beliefs then I would fully expect that person to never return to my pharmacy or even report me for lack of due care.

Does the Royal Pharmaceutical Society have a stance on this or is it really up to each individual pharmacist? I would be concerned if this was the case.

David Johnstone
Glasgow

DAVID PRUCE, Director of Practice and Quality Improvement,

Royal Pharmaceutical Society, responds: Principle 3 of the Code of Ethics for Pharmacists and Pharmacy Technicians covers the issue of refusal to supply emergency hormonal contraception as a result of religious or moral beliefs. The code of ethics was widely consulted on last year and the majority of respondents' recognised the need for a conscience clause.

Our guidance on this matter is similar to that of other health regulators, such as the General Medical Council and Nursing and Midwifery Council, whose professional codes also have a clause outlining the action health professionals should take if they have a conscientious objection to providing a particular professional service.

Moving?

Are you moving home? Remember to update your registration details with the Royal Pharmaceutical Society. Contact the registration section (tel 020 7572 2322; e-mail registration@rpsgb.org).

My position explained

From Mr S. J. Lewis, MRPharmS

I am writing in response to letters (*PJ*, 23 February, p213) relating to my decision not to supply emergency hormonal contraception.

My decision is based on both science and conscience. First, the summary of product characteristics for Levonelle 1,500µg states: "At the recommended regimen, levonorgestrel is thought to work mainly by preventing ovulation and fertilisation if intercourse has taken place in the preovulatory phase, when the likelihood of fertilisation is the highest. It may also cause endometrial changes that discourage implantation."

Consequently, an early embryo may be expelled or aborted. Second, as a Christian, my attitude based on conscience is to safeguard the sanctity of life.

Fortunately, the Royal Pharmaceutical Society does allow pharmacists to opt-out of provision of services that would go against their conscience, whatever their faith or absence of faith. If EHC is requested, I inform the patient that I am unable to provide it but

ensure that they are aware of an alternative means of obtaining it; this is carried out in a non-judgemental and compassionate way, and does not involve forcing my religious view onto the public.

In his letter, Colin Boucker asks about the attitudes of those sharing my views to hormonal contraception in general. A useful guide, "Contraception: a pro-life guide" written by O. Hotonu (a member of the Royal College of Obstetricians and Gynaecologists) is available from the Christian Institute (www.christian.org.uk). The same organisation has also produced a booklet on EHC written by J. R. Ling (University of Wales, Aberystwyth). I would recommend all pharmacists to read these publications to help them to consider their position regarding contraception, especially EHC.

In terms of ensuring patients can make informed decisions, pharmacists are in an ideal position to provide product information based on the latest scientific evidence, irrespective of their own belief system.

Simon J Lewis
*Hove,
East Sussex*

■ THE SOCIETY

Is the Society's structure affordable

From Miss M. Jobling, MRPharmS

I read with interest the recent job advertisements, including one for a deputy registrar post with a "six figure salary" (*PJ*, 9 February, pA26–A27). Members of the Royal Pharmaceutical Society have had to endure the biggest increase of fees in the Society's history. If the current obligations of the Society and its staffing structure were unaffordable without such a large increase, how will a new leadership body deal with this legacy when membership becomes voluntary? Would it not be prudent to review the Society's staffing structure and generous salary packages on offer before 2010 is reached?

The Society seems to be encouraging a new transparency of working. So, as a member, I would like to ask the Treasurer the following questions:

1. What is the current head count of six-figure-plus salaries at Lambeth?
2. How does this proportion compare with other similar membership fee-based professional organisations?
3. What review of the management and staffing structure of the Society took place before the Council decision to approve fee increases of 40 per cent?
4. Are there any future plans to limit recruitment and salaries in order to attempt to make any structure that is left post-Clarke (and after the establishment of the General Pharmaceutical Council) affordable through voluntary membership?

Since six pharmacist Council member posts are up for election I am sure these issues of transparency will inform the membership as to the stewardship of the Society and its finances, including those who may wish to stand for re-election.

Mary Jobling
Harrogate,
North Yorkshire

ANDREW GUSH, Treasurer, Royal Pharmaceutical Society, responds: I agree that transparency and accountability should be the cornerstones of any credible organisation. The post referred to by your correspondent is a position which has existed in the Society

for many years and has become vacant as a result of the retirement of the previous incumbent. This post of deputy registrar is essential if the Society is to continue to discharge its regulatory responsibilities until the new General Pharmaceutical Council (GPhC) is established.

The details of salary bands for the Society executives are rightly published every year in the Society's annual review.

Before fees are set every year the Society's structure and budgets are reviewed and approved by the Resource Management Committee and Council. Please be assured this is completed with a detailed level of scrutiny.

The Council is conscious of the challenges that the Society faces and is actively planning its future structures in light of the transfer of its regulatory functions to the GPhC. These future structures will focus on both relevance to members and affordability.

Is members' money being spent on members?

From Dr D. M. McNaughton, MRPharmS

After suffering the indignity of a 40 per cent fee increase to support, in part, the pensions of the officials of the Royal Pharmaceutical Society, I note, with interest, the recent pull-out advertising bumph included with the *PJ*. We seem to be funding a glossy campaign from our fees to encourage us to remain members of a Society that seems to have little regard for its membership.

This is in parallel with advertisements in a single issue of the *PJ* for a new Director for England, professional support pharmacist for Scotland and Deputy Registrar (combined salaries over £200,000 per annum at a guess). As members we would surely be better placed looking at downsizing the Society.

I am sure that the Treasurer has a good grasp of property values and wonder how the numbers look if we sell off both English and Scottish headquarters and move the reduced staff required in a voluntarily funded Society to serviced offices.

I passed the Edinburgh headquarters for the Society this morning on my way to provide pharmaceutical care in a small traditional pharmacy and could see from the top deck of the bus the potential that this large town house could achieve on the open and

buoyant Edinburgh housing market. I guess it must also have private parking facilities increasing its value even more.

What is the statutory process for liquidation of these assets and share of the proceeds to the membership?

David M. McNaughton
Edinburgh

ANDREW GUSH, Treasurer, Royal Pharmaceutical Society, responds: Dr McNaughton may be referring to the newsletter *Your Society*, which has been developed in response to requests for more regular and informative communication between the Society and its members. It is produced largely in-house with a high level of cost-efficiency.

The staff positions referred to reflect the current needs of the Society as regulator and as a leadership body. The deputy registrar position is one that has existed for many years and filling this position is essential in enabling the Society to continue to discharge its regulatory responsibilities during the transition to the formation of the General Pharmaceutical Council. The position of Director for England is a reflection of the realities of the devolved responsibilities for health that now exist in England, Wales and Scotland. This position merely places England on an equal footing with Wales and Scotland.

The location and suitability of the Society's buildings is, of course, a legitimate question and one which will not be ignored once the GPhC is formed. However, in the meantime the Lambeth and York Place buildings are fully occupied by staff engaged in regulation, professional leadership and, of course, by the Society's highly successful publications activities.

■ DRUG ADDICTION

Substance misuse treatment benefits the whole of society

From Mr V. S. Matousek, MRPharmS

It is with interest that I read the recent correspondence about drug addiction. I work in a specialist drug treatment centre. The clients tend to range through a whole spectrum, from those who are well educated, know what they are doing, have decided to try drugs for one reason or another and found themselves to have a

problem, right through to those brought up in extremely chaotic and dysfunctional environments. The lives some of these people have led can seem shocking and can include drug-misusing parents, lack of parenting, abuse, homelessness, concurrent psychiatric conditions and a complete sense of hopelessness. They may grow up in an environment where drug use and associated crime are not seen as wrong.

Many of these individuals have never had the opportunity to develop the same sense of right and wrong as most *PJ* readers will have had and it is all too easy for us, who have generally had good opportunities in life, to stand in judgement of these people.

Many people these days are all too ready to deny responsibility for their own actions and society tends to condone this, but we must recognise that people have varying capacities to take on responsibility. We do not expect, for example, people with severe recognised mental illness to take responsibility for their lives. In reality, there is a continuum of personality types and human experience, from what is considered normal right through to severely mentally ill, and the classifications are purely artificial and put in place by us to make it more convenient for us to know how to treat people. But anyone who has worked in this area will have seen that these classifications do not always work.

We are taught to have compassion for people with defined illnesses but should we not all have compassion for one another? Do we need a label to tell us whether we should have compassion for a person or not?

Most people can use some help at some time in their lives and substance misuse services are there to offer support for anyone with these particular issues, as well as the follow on benefits of harm reduction, eg, crime reduction. This benefits the whole of society.

So we could all take the attitude of R. C. Jacob (*PJ*, 2 February, p120) that people who bring things on themselves should cope with the consequences themselves (and the same could be said for diseases associated with smoking and unhealthy eating). However often people, through no fault of their own, do not have the opportunity to understand these things as we do, so I find this unhelpful in a civilised society.

V. S. Matousek
London