NEW JUNIOR DOCTOR CONTRACT

Medical students’ views on the new contract

Coverage of the junior doctor contract proposals has focused on their impact on postgraduate trainees (Letters, 17 October), overlooking medical students, who will experience the full impact, undertaking all future training under the proposed terms. Students currently accrue more debt than ever. Proposals include removing maintenance grants, disproportionately affecting students from low income backgrounds and further reducing diversity.

Removing pay protection during maternity leave could discourage women from choosing medicine, exacerbating future staff shortages and widening sex inequalities.

International students (15.7% of medical students) will have to leave the country after immigration rule changes requiring them to reapply for a work visa. The UK will therefore become a less appealing destination for higher training, resulting in a retention crisis for locally trained medical students of globally diverse origins.

These proposals have alienated and disheartened medical students. The NHS faces its biggest hurdle yet—maintaining its impressive diversity and global nature.

Sarim Siddiqui (sarim.siddiqui11@imperial.ac.uk), Ibtesham Hossain, Samee Siddiqui, Mohammed Muntasir, Mustafa Franka, Umair Mughal, Bashar Atalla

Cite this as: BMJ 2016;352:i282

LETTER OF THE WEEK

A Royal College of Learning Disabilities?

Iacobucci (News, 14 December) asks how the needs of people with learning disabilities are to be met. The government promises ratings on the quality of care offered to this group, yet past commitments have had little impact.

Over five decades there has been a catalogue of failures, and recent reports have identified deficits in care. Avoidable deaths were often due to shortcomings in staff training. An education pathway is dedicated to learning disability for nurses, but not for medical or allied health professionals, or social care staff. This needs revisiting to ensure sufficient training to meet patients’ needs.

The 2011 BBC documentary about Winterbourne View highlighted the lack of training for people working with vulnerable clients and the inadequate services for those who need inpatient hospital care. The events there spurred government to offer assurances that such abuse would never be repeated. Sadly, these pledges echoed those made 44 years earlier after the similar Ely hospital scandal.

We need a commitment to ensure that people with learning disabilities receive the services they need to guarantee equal citizenship. Although Ely initiated the end of long stay hospitals and Winterbourne View hastened final closures, little has been done to improve the treatment this group receives for general health matters. One proposal might be to develop a distinct medical specialism: a Royal College of Learning Disabilities perhaps?

Diane Willis (d.willis2@napier.ac.uk)

Cite this as: BMJ 2016;352:i274

THE GHOST OF DONOR PASSED

Opt-out will lead to more angry ghosts, not fewer

Harris finds my angry ghost a useful concept for organ donation, though he misapplies it in his editorial (19 December) calling for adoption of an opt-out system. Ghosts are angry at people who have wronged them, not at systems. Indeed, family over-rule would probably be more problematic with an opt-out system, as families would be less certain that the patient wanted to donate than they would be under an opt-in system, where a copy of their relative’s entry on the organ donor register is available. The ghost’s wife in my example would certainly have been more likely to want to over-rule donation if there had been no evidence of his wish to donate.

As Harris admits, the family over-rule would be at least as problematic under an opt-out system as it currently is, and his proposal would therefore create more, not fewer, angry ghosts.

David Shaw (david.shaw@unibas.ch)

Cite this as: BMJ 2016;352:i250

AUSTIN POWERS BITES BACK

The tooth of the matter

Contrary to popular wisdom, Guarnizo-Herreño et al’s study (Face time, 19 December) shows that the oral health of Americans is no better than that of the English.

The latest figures from OECD countries put the UK with the best results for the average number of decayed, missing, or filled teeth (DMFT) in 12 year olds, which is now 0.7. In the US it is 1.3. Almost all OECD countries met the WHO target of no more than three DMFT by the year 2000. However, some countries such as Australia, Austria, and the US have seen a slowing of the decline, or even an increase in DMFT in recent years.

C Albert Yeung (albert.yeung@lanarkshire.scot.nhs.uk)

Cite this as: BMJ 2016;352:i256

FREEWHEELIN’ SCIENTISTS

Weather scientists cite Bob Dylan too

Medical scientists are not the only Bob Dylan fans with a sense of humour (The publication game, 19 December)—meteorologists and climate impact scientists have one too. To our knowledge, Dylan has sung the most weather related songs of any artist.

We wrote a paper on this. Night After Night we checked Dylan’s songs for such references, finding all the Odds and Ends, Lo and Behold there were 163 songs. Weather references were often clustered (usually wind and sun), but there was little evidence that he was influenced by specific weather events. Can’t Wait to find out more? See our list at http://bit.ly/1fr1loL. If it’s not too much Trouble, Tell Me of any more you know by adding them to the spreadsheet.

We are not about to count medical references—that would be a lot of Trouble. But we’re sure for the medics, this is not the End of the Line.

Sally Brown (sb20@soton.ac.uk), Karen L Aplin, Katie Jenkins, Sarah Mander, Claire Walsh, Paul D Williams

Cite this as: BMJ 2016;352:i265