

## Correspondence

### The just provision of health care

SIR,  
Miss Telfer takes issue with three of my contentions concerning the proper basis for allocating health care resources (*Journal of medical ethics*, 2, 188-9). First, she rejects my claim that, underlying her belief in the likelier adequacy of state provision than private provision, is an assumption that politicians are more charitable and provident than their electorate. This assumption is said to be absent because politicians, in providing such resources, are not giving away their own money and are making such provision through the instrument of law which is more reliable than private inclinations. But it is difficult to see how, in a democratic political system, politicians - whatever their motives - can persistently flout the wishes or inclinations of the bulk of the electorate. So the attribution of greater reliability to state provision must rest either upon the assumption that democratic politicians are, on this issue, invariably willing to commit electoral suicide, or upon the assumption that politicians would prefer to become undemocratic rather than jeopardize state health care programmes. Both of these assumptions attribute greater charity to politicians than to their electorate.

Second, she argues that although state provision depends in principle upon the general retention of a sense of responsibility, in practice it undermines that sense and, thus, tends in the long term to be self destroying. It is not clear how this argument can be reconciled with Miss Telfer's previous point about the greater reliability of state provision. Nor is this the place to rehearse Kant's strictures about the common saying 'This may be true in theory but it does not apply in practice'. In any case, whether certain policies have a long-term tendency to erode the conditions for their own maintenance is an empirical (and not a philosophical) ques-

tion, with the onus of proof surely lying on those who claim that an actually existing commitment will cease to exist.

Finally, Miss Telfer suggests that an equal distribution of wealth, coupled with unrestricted personal freedom to spend one's wealth, would require a greater degree of state control over private individuals - to establish that equality - than would a system whereby the state regulates and provides a wide range of services, and confiscates accordingly. Again, this seems to me to be an empirical rather than a philosophical contention, the truth of which entirely depends upon the kind of institutions and practices adopted for conferring an equal share of wealth upon each person. What does seem to be necessarily true, however, is that under such an arrangement the allocative pattern of goods and services would more closely conform to the detailed variety of individuals' respective preference orderings than would be the case under any other arrangement.

HILLEL STEINER  
*Department of Government  
University of Manchester*

### Medical treatment of prisoners

SIR,  
The medical treatment of prisoners is an important question for a humane society, and Dr Bowden's article<sup>1</sup> is welcome for drawing attention to it. Recently a prisoner was injured in a disturbance, suffering a fractured hand and leg and bruises and abrasions. Shortly afterwards he was certified medically fit to undergo punishment, and sentenced to a substantial period (91 days) of solitary confinement, during which his bed and bedding were removed from his cell during the day. Despite (or because of ?) the contentious circumstances, a request by the prisoner's father for an independent medical examination was refused.

This is admittedly an exceptional case, but it is in the exceptional case that fundamental issues stand out most clearly. There must be many prisoners in less dramatic circumstances who would say: 'I accept that the court ordered me to be deprived of my liberty; but by what right am I deprived also of a degree of choice of medical practitioner?

MARTIN WRIGHT  
*Director, Howard League for  
Penal Reform*

<sup>1</sup> Bowden, Paul, *Journal of medical ethics*, 1976, 2, 163.

### The need for more special hospitals

SIR,  
The articles by Drs Rollin and Norton<sup>1,2</sup> in your last issue are timely because there has been insufficient consideration of the Butler Report on Mentally Subnormal Offenders<sup>3</sup>. It is true that the attempt to treat mentally abnormal offenders in mental hospitals following the Mental Health Act of 1959 has proved unsuccessful. However, the attempt was in keeping with the humane attitude to psychiatry which permeates most of the 1959 Act. The experience gained has been useful and the staffs of psychiatric hospitals are now qualified to comment on the problem. Very many psychiatrists are now familiar with many aspects of forensic psychiatry, and nursing staff in mental hospitals are experienced in the handling of patients who come to them through the courts. The organization of mental hospitals represents a compromise between the need to treat patients with humanity and a lack of restriction and the need to protect society from the violent patient. Since 1959 the emphasis has been more on freedom and the patient's needs and less on restriction and the need to protect society.

The Butler Report was published because two mentally abnormal