

such that many doctors would be unaware of it; and it is regrettable that gay patients feel the need to seek out gay doctors. In the present state of the law and public opinion, and indeed in the light of continuing medical ignorance about homosexuality, such questions must be discussed in the interests of apprehensive gay patients.

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Professional ethics— for whose benefit?

SIR

I read Mr Sieghart's paper with the same considerable interest which I accord to all his pronouncements; I like to be stimulated. Indeed, unlike Ernest Hemingway's Pablo, 'I do provoke' – and enjoy it.

Nevertheless I think that some of what he said to the Faculty of Occupational Medicine was the less valuable

because he ignored that there can be more than one relationship between a doctor and an individual. That is to say, all of a doctor's dealings – particularly in the field of occupational medicine – are not with *patients*. See enclosed copy of page 11 of the *BMA Handbook of Medical Ethics*, 1981, under the heading: Relationships between doctors and individuals.

1) Forms of Medical Relationship

Introduction

1.1. There are three types of professional relationship between a doctor and a member of the public. The attitude of the person, the constraints on the doctor and the form of the relationship varies in each case. It is the duty of the doctor to tell a person with whom he comes into professional contact the nature of the relationship, and in whose interest he (the doctor) is acting.

Therapeutic doctor-patient relationship

1.2. In the first form of contact a person may consult a doctor as a patient. The doctor then acts in the interests of the patient and is responsible to the patient for his actions. Most medical work takes this form. (See also 2.6).

Medical examiner and research work

1.3. A doctor may act as an impartial medical examiner and report to a third party (Chapter 3), or engage in clinical or other research in his own interest, in the interests of a group of people, or in the interests of the advancement of medical science (Chapter 4). In these circumstances the information gathered by the doctor will be used for purposes other than the clinical care of the patient. Thus the patient may properly wish to limit the information he discloses.

1.4. It would be wrong for a doctor to examine a patient on the basis of a normal therapeutic relationship where this does not exist. If the doctor who normally has a therapeutic relationship with the patient is called upon to act in a different role, the nature of the relationship should be carefully explained to the patient. Similar constraints apply when a patient is involved in a medical research project conducted by his own doctor.

Maybe, in the legal world, the lawyer's relationship with individuals is always the same and this led to Mr Sieghart's omission to draw the distinction.

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