The current lack of national guidance and uniformity of assessment is evident from our survey, and it was interesting that advice about cognitive tests had usually been provided by a voluntary body rather than come from within the NHS.

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Merit awards

Editor,—In discussing merit awards John Appleby states that over half the consultants in pathology receive awards.[1] This figure is inaccurate but was presumably derived from the category of "general pathology" in which, in 1990, exactly half the consultants received merit awards. However, in this group, only six consultants throughout the country were eligible.

This is because nowadays most consultants practise in one of the four main subspecialties, for which the current percentages of award holders is as follows: haematology 35%; histopathology 31%; medical microbiology 36%; chemical pathology 34%.

The national percentage for all specialties is 35%.

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Caste discrimination in India

Editor,—Linda Beecham reports that the Commission for Racial Equality is to investigate possible discrimination against ethnic minorities in the appointment of consultants.[1] A parallel problem should be investigated in India—namely, discrimination against scheduled castes and scheduled tribes, which is unique to India. The phenomenon is akin to racial discrimination because caste is decided by birth.

Contrary to C Mbubaegbu's belief,[2] I think that representation at registrar level is of no help for consultant appointment. Statistics from the All-India Institute of Medical Sciences, a leading medical centre directly governed by act of parliament, smack strongly of discrimination against members of scheduled castes and scheduled tribes at consultant level (table). Although the Constitution of Union of India provides special provisions for adequate representation of scheduled castes and scheduled tribes in all government services,[3] the first scheduled caste consultant was appointed 28 years after the institute's establishment in 1956, and scheduled tribes were not represented at consultant level until 1990. Beecham reports that several doctors have been successful in complaints to industrial tribunals,[1] but proving that a person has been discriminated against in violation of the constitution of India is almost impossible. The court of law tends to uphold the selection committee's verdict of nonsuitability of the candidate rather than entertain the plea of discrimination on grounds of caste.

If caste discrimination is not the reason, how does one explain the paradox (table) that people who have been found suitable at undergraduate, postgraduate, and registrar levels are suddenly discovered to be unsuitable for the next grade?

Proportions of members of scheduled castes and scheduled tribes at undergraduate, postgraduate, registrar, and consultant levels in India and All-India Institute

Level*	Quota (%) constitutionally allotted[4]		Admissions or appointments to All-India Institute against allotted quota (%)	
	Scheduled castes	Scheduled tribes	Scheduled castes	Scheduled tribes
Undergraduate	15	7·5	100	100
Postgraduate	15	7·5	100	100
Registrar	15	7·5	95	94
Consultant	15	7·5	38	8

*Admission or appointment by nationwide open competition or interview.

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Local voices

Editor,—Allyson M Pollock highlights the pitfalls of undertaking public consultation as recommended in *Local Voices.*[1,2] We used an invitation to speak at a meeting of the local branch of the British Diabetic Association as an opportunity to gather consumers' views about diabetic services. We asked the group of 34 diabetic subjects and their carers to describe their views on the strengths and weaknesses of the general practitioner, hospital, and community services; their aspirations for service developments; and the barriers they perceived to achieving these improvements. A sociodemographic profile and other relevant data relating to the group were collected by an anonymous self completion questionnaire.

Aspirations for services included improving support for carers and developing communication between hospital and primary care services "so that each knows what the other is doing." The group believed that the main barriers to achieving these developments were inadequate resources and the conflicting priorities faced by the NHS. The group had previously been subject to detailed questioning as part of a research project and made comments such as "I could hardly face going through all that again." We now have a professional responsibility to show that our dialogue can have some effect.

Though the methodological constraints of this approach to public consultation are similar to those of surveys and of work with focus groups, the approach has the merit of allowing discussion of difficult conceptual issues without any confusion regarding representation. The general lesson is clear: the cost of provoking frustration among the public by such consultation must be balanced by a clear commitment to respond.

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Abortion in Northern Ireland

Editor,—On 1 June I wrote to Sir Patrick Mayhew, secretary of state for Northern Ireland, to bring to his attention the startling results of a survey in Northern Ireland on abortion released in May.[1] It showed that 79% of respondents questioned by Ulster Marketing Surveys wanted abortion legalised on health grounds, 76% on grounds of rape or incest, and 57% on grounds of severe handicap of the child if born, and substantial minorities wished to see abortion legalised on social grounds and on the request of the mother alone. Readers of Colin Francome's editorial[2] may be interested in the response, which was sent to me on 18 August. This made three main points: firstly, as in 1988,[2] the law could be extended only if "change could command broad support amongst the people of the Province"; secondly, "it is unlikely that the results of a single opinion poll would be considered a suitable basis for new and highly controversial legislation"; and, thirdly, "to date no N Ireland MP has expressed an interest in introducing legislation to amend the law on abortion."

In successive free votes in the House of Commons Sir Patrick Mayhew has voted against abortion in a personal capacity. He voted for Mr John Corrie's restrictive bill in 1979, and again for Mr David Alton's in 1988. Clearly, therefore, no Northern Ireland MP is likely to receive any encouragement from Sir Patrick Mayhew in modernising Northern Ireland's antiquated and unpopular abortion laws.

The new purchaser-provider arrangements in the NHS may have the effect of making it more difficult for women from Northern Ireland to obtain abortions in England, as nearly 2000 do each year at present. Once the English safety valve is turned down two developments may be expected: the growth of an illegal abortion sector in Belfast and the birth of more unwanted babies to mostly very young mothers.

The 30 000 Northern Irish women who have obtained legal and safe abortions in England since the Abortion Act was passed in 1967, and their doctors who in many cases refer them, constitute a powerful potential pressure group. Only once they realise their powers and exercise them with the same single minded determination as do the extremist sectarian pressure groups will there be any progress in bringing Northern Ireland's abortion laws into line with those prevailing in the rest of Europe.

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