in the twenty-first century. The British Association for the Advancement of Science and the Royal Society are themselves addressing the problems of perceptions of science through their recent Science Communication Conference,[5] and this College is engaging the public through its Patient and Carers Network. The existing legal framework governing ownership and disposal of human tissue was discussed in detail in a previous issue of *Clinical Medicine*.[6] It is clear from every viewpoint that new legislation is required, but it should avoid the adverse effects of overregulation denounced by Baroness O'Neill[7] and the lawyer Lord Phillips[8] as further diminishing trust in the professions. One hopes that common sense and trust will in the end prevail.

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The European Working Time Directive and professionalism

The acquisition of professional attitudes by example and training has always been a hallmark of medical education, and they are of sufficient importance to be assessed in the future by the 360 degree appraisal of doctors. Most doctors act with professional commitment to their patients, attending them at awkward times during unsocial hours or at night without question. Their willingness to do so has to a large extent assured the continuity of care so crucial to understanding patients and delivering the highest standards of medicine. But now the European Working Time Directive (EWTD), introduced into the UK on 1 August 2004, with worthy and important intentions to reduce tiredness amongst hospital doctors, has at least two serious side effects. Firstly, it actively inhibits (and polices) conscientious doctors from attending sick patients if they have already worked their fixed number of hours, which seriously damages attempts to maintain continuity of care. Secondly, there will be an inevitable decrease in direct clinical experience.

This College has worked energetically and constructively to reduce the potential damage to clinical care ushered in by the EWTD. Its proposal of a 'cell of ten' (or at the very least eight) junior doctors needed to provide adequate cover has been accepted by government as a model of good practice.[1] Furthermore, new ways of reinforcing continuity of care in order to benefit patients have been widely discussed, and the College has recently published standards of good practice to assist doctors and managers in this crucial aspect of clinical care.[2] Indeed, doctors at the Royal Free Hospital have devised new approaches which look promising (see pp 427–30).[3] It is still the case, however, and much publicised, that some Trusts could not meet all the requirements of the EWTD by 1 August 2004 simply because they have insufficient numbers of medical staff, and full implementation would lead directly to increased risks for patients.

The alacrity of the British Medical Association (BMA) in advertising its readiness 'to support overworked doctors who decide taking legal action[4,5] is therefore astonishing. Although a trade union has a responsibility to support its members when asked to undertake illegal rotas, the BMA's public enthusiasm belies an understanding of the genuine difficulties facing many Trusts in maintaining safe care and upholding professional practices. This stance represents another nail in the coffin of professionalism in medicine, so strongly defended by this College[6] in its role as guardian of standards, and seemingly disregarded by our trade union, the BMA. This attitude unfortunately adds credence to Professor Raymond Tallis' prediction that doctors are becoming 'deprofessionalised, sessional functionaries, robotically following guidelines'.[7]

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