would costs be awarded in the doctor's favour ?

The members of the tribunal are, of course, honest and fair-minded men, but as a mechanism for making decisions that have such grave effects on doctors the tribunal procedure is unsatisfactory. Evidence on oath, not recorded verbatim, is mixed inextricably with hearsay. There is too much informality, and in my case it became obvious at one time that the chairman was not clear about certain aspects of the regulations concerning the allocation scheme. The clerk to the executive council, who was present, was able to clarify them. But there is no appeal from the decision of the tribunal. The complainant was given one month in which to consider appealing from the decision of the medical service committee. I was given only ten days in which to frame a reply, and after replying I heard nothing for five months. While accepting that a complainant must see the doctor's reply to the complaint before the case is heard by the medical service committee, I cannot swallow the procedure which allows the complainant to see and study the doctor's further comments to the Minister after an appeal has been made. Surely this throws the doctor's defence wide open ?

This case has illustrated clearly the anomalous position of the doctor under the restrictions imposed by the allocation scheme on his right to require the removal of a person from his list.

I write because perhaps out of my experience something will emerge which will be of help to us all, and to register my opinion that there can never be a healthy National Health Service so long as doctors have to work under terms of service such as these.—I am, etc.,

London S.E.6. J. R. FLETCHER.

Doctors' Pay

SIR,—In the General Medical Services Committee's comment on *The G.P.A. Report (Part Two)—Doctors' Remuneration* (*Supplement*, 26 December, p. 229) the following appeared: "It [the case now before the Review Body] does not take account of general economic trends as does the G.P.A. evaluation. This is because the Government and the profession accepted the Royal Commission's recommendation that the Review Body should undertake triennial reviews of doctors' pay based on such trends. Such a review took place in 1963 and another is due to commence next year, and we are under an obligation not to base our present claim on such considerations. . . ." What the management consultants' findings reveal is that in the period from 1955 to 1964 both general practitioners' and consultants' earnings increased by 40%. However, whereas an increase of this size kept the consultants in line with the increases in earnings of other professional men of the same level in the nine years, general practitioners fell behind because other professional men of their level enjoyed earnings increases of 65%. (The reason for the different rates is that, broadly speaking, the higher the income in 1955, the lower the increase over the years to 1964.)

By giving the same percentage increase to both consultants and general practitioners the 1963 award failed to take note of this movement in earnings of other professional men of the general-practitioner level. Therefore we cannot agree with the G.M.S. Committee that the 1963 review took "account of general economic trends" *so far as general practitioners' remuneration was concerned,* and the general practitioner was obviously the poorer.

The arithmetic of the 1963 review was erroneous, and that is why our report is partially based on a review of "general economic trends." The general practitioner has not received fair treatment, and we consider it essential to publish this fact irrespective of what obligations the G.M.S. Committee is under.—I am, etc.,

H. J. P. ARNOLD,
Executive Officer,
General Practitioners' Association.

London E.10.

SIR,—The general practitioners are waiting, some less patiently than others, for the Review Body to come to a decision on our future incomes. In the meantime we are working at ever increasing pressure and longer hours in order to keep our heads above water financially. No longer is the general practitioner a good risk with his bank manager.

In order that an income award should be acceptable, we must ensure that the actual increase does not, this time, turn out to be less than half of that promised, before we accept it in desperation. This may require a *simultaneous* alteration to the Pool method of payment (perhaps a fixed capitation fee ?).

Up till now I have never contemplated leaving the N.H.S., but if there proves to be no improvement in the general practitioner's lot—both in the terms of service and the level of income—I shall have to reconsider seriously whether I can continue to practise under this system which allows so little time and freedom for good medicine.

I feel that the Minister should know *exactly* how many doctors would be prepared to withdraw their services should the occasion arise.—I am, etc.,

London N.16. A. J. DELL.

Practice Expenses

SIR,—Some weeks ago when the proposals for reimbursing the costs of ancillary help were being criticized there were several protestations from our leaders that at present the doctors who did not employ help were receiving a greater expenses payment than was just, and that it was only fair that their capitation fees should be reduced by the direct repayment scheme. However, in the *G.M.S. Voice* for November 1964 there is a diagram of "The Pool at a Glance," and this shows that the calculations of the Pool allow the approximate average figure for £254 for ancillary help *including* wives. This is roughly equivalent to the sum of £260, which seems to be the figure commonly advised by accountants and accepted by the inland revenue as appropriate payment to a doctor's wife for ordinary message-taking duties. On these figures it does not seem that the average doctor is being overpaid for his wife's help even if those who employ additional ancillary help are being underpaid.

Although "The Pool at a Glance" is only intended as an approximation, the figures for expenses have been obtained from the annual inland revenue sample of 5,000 practice accounts. I think we should be given more details of how the sample is selected and the method of bringing the calculation up to date. For instance, in my experience the inland revenue is usually working several years in arrears, and it would appear that any attempt to provide up-to-date information from this source must necessarily exclude from the sample those accounts which may take longer than average to agree ; yet these accounts may take longer because they include those with higher than average expenses and therefore attract closer scrutiny by the inspectors.

However, the G.M.S. Committee has recently carried out a postal inquiry into the cost of ancillary help, and I hope the results will be published so that we can have a figure for comparison with the above average of £254. This will give an indication of the accuracy of the present method of calculating the expenses Pool, in addition to providing facts instead of opinions as to what will happen to the capitation fee if the direct repayment scheme for ancillary help is implemented in its present form.—I am, etc.,

Stonehouse, Gloucestershire. KENNETH SOUTHGATE.

A Surgeon's Duty

SIR,—What Naomi Mitchison has to say (16 January, p. 186) is very relevant, but to me the crux of her letter is "intelligent and well-balanced patients" ; who is to decide which patients are intelligent and which are well balanced and are these the only relevant or even the most important factors ?—I am, etc.,

Medical Service, National Coal Board, Gateshead 11, Co. Durham, R. MCL. ARCHIBALD.

SIR,—Naomi Mitchison's plea for more forthrightness in dealing with dying patients and their relatives (16 January, p. 186) deserves attention, but it raises the general question as to why medical men are often so reluctant to speak frankly on matters of life and death. The reason for this is the widespread lack of conviction concerning the after-life. How can a doctor give any real comfort and assurance to a dying man when he himself has no consolation to offer ?

Medical science has succeeded in prolonging the span of life expectancy and doctors are devising more and more ways of postponing death from mortal diseases. It is significant that our preoccupation with the prolongation of this life runs *pari passu* with the loss of an assurance concerning a life to come.

In spite of the fact that many atheists can face death bravely and with apparent serenity a doctor who does not believe in an after-life is in an unenviable position when face to face with a dying man who shares his lack of faith. In such circumstances it is natural for the doctor to avoid, as far as possible, the painful task of giving a hopeless prognosis.—I am, etc.,

A. W. FOWLER.

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Br Med J: first published as 10.1136/bmj.1.5431.387-d on 6 February 1965. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.