

*Correspondence on current problems in general practice continues to come in, and there is inevitably some repetition of what has already been published. To ensure that letters are published as near to the time of receipt as possible, and that space can be found for correspondence on other subjects, we have this week had to condense many of these so that repetition of other letters is avoided but a particular point of view is preserved. Those so condensed will begin and end with three full points, thus . . . —Ed., B.M.J.*

### The Review Body's Award (continued)

. . . Within a few days our advice about the retention of the prescription charges and a serious attempt to improve conditions in general practice and to increase recruiting have been ignored. The quantum of general-practitioner remuneration has been fixed by the Review Body, and we now await the report of the Fraser Committee on ways of distributing what we must regard as an inadequate sum.

This must be the moment when we realize the folly of attempting to continue negotiating from within a crumbling Service. No longer can the walls of Professor Brotherstone's "cottage industry" be shored and patched from the inside. The whole thing must be razed, replanned, and rebuilt. Our weakness has always been that we have tried to maintain a Service whilst trying to improve something so inherently faulty—a Service which was to have been the envy of the world but has been copied by none. To continue in this way means that crises will recur, bitterness and frustration will continue, the Service and our public image will suffer, and breakdown will come.

Let there be admission that the general-practitioner part of the Service, as tried since 1948, just does not work. Let us take time—three years, or five years—as independent practitioners, serving the public directly for direct payment, to consider the report of the Fraser Committee and to work out, in the light of hard-won hindsight, what a new Service should be.

Mass resignation from executive-council lists will bring some hardship to doctors and patients alike, but not as much as would come from the gradual failure now apparent. Recruits must be drawn into a congenial Service now if adequate general-practitioner facilities are to be available to the public in five years' time, and who is to blame young doctors for not joining the ranks of the frustrated practitioners who are expected to exist on a sense of vocation when hard cash and more leisure would be more appropriate? . . .

Spilsby, Lincs.

C. E. FRISKNEY.

. . . The contemptuous rejection of our pay claim by the Review Body has provided at one blow a united profession and the conviction that further parley with politicians of whatever colour is a futile and wearisome waste of time. Let us not regard the proposal to return to private practice as a weapon in our fight with the Government but as a sane and permanent solution to our troubles.

To the objection that some could not afford to pay fees, the answer is that in the other English-speaking countries universal

insurance of the Blue-Cross or Blue-Shield type is the rule, with Government subsidy for those on pensions and on national assistance. There is not the slightest doubt that if we return to private practice then the Government would be obliged to institute a scheme of this type where patients would be refunded all or part of the cost of their consultations. The Government could if it wished honour private prescriptions in the same way as the present N.H.S. ones.

What have we to lose but our chains? No star-chamber tribunals, fewer frivolous consultations purely for the purpose of providing work or school-attendance certificates, the abolition of the weekly N.H.S. certificate and unpaid reports to the D.M.O., no visits under threat of disciplinary action, the ability to encourage visiting at a reasonable hour of day by a differential tariff and the abolition of the capitation fee, with all its implications in the way of bad medicine—"patient selection," or in other words the refusal to accept the chronic sick.

As to the financial side, it is probable that the elimination of the certification consultation and the more trivial consultations would reduce the consultation rate by one-third to one-half, doubling the time permissible per patient. To compensate for this and provide for adequate ancillary staff and facilities it would be necessary to charge 15s. as a basic consultation fee, of which the patient would be refunded 10s. to 12s. 6d. This is modest beside the fees of 25s. to 35s. charged elsewhere in the English-speaking Commonwealth and N. America. . . .

London N.10.

J. C. BETTS.

. . . I, too, am dissatisfied with remuneration, but I am far more unhappy about not being able to do the job for which I qualified some years ago. The Government, too, may well ask where the money is to come from to pay any further increase.

Here are some suggestions which would solve all three problems.

(1) Restrict prescribing on E.C.10 to those substances and appliances which can only be obtained on prescription. I have never understood why the country should pay for the aperients, vitamins, and dressings of the neurotic 10%.

(2) Abolish all Ministry of Pensions and National Insurance certification. This could easily be replaced (as in other countries) by a system where the patient makes a statutory declaration of sickness (for which he is liable if he makes a false statement). Reference by the M.P.N.I. to the R.M.O. would continue as at present. The abuse of the doctor-patient relationship by not more than 10% of the country's workers must cost millions of pounds a year, and certification is responsible for over half the non-medical work we in general practice now do. Why should the N.H.S. be made to serve two purposes? Its only function should be the care of the health of the community. To try to serve two masters can only lead to unsatisfactory service to both.

(3) Stop paying workers for the "three waiting days." The first three days of sickness should be the employer's responsibility (as it is in the Civil Service). Cutting this out would save millions that are now paid out in short-term claims, usually to people who are anything but sick.

(4) Introduce standard packs of drugs and only pay the chemist for the cheapest equivalent. This would save the general practitioner having to study price-lists of drugs every month or so, and the chemist having to keep unnecessarily large stocks of identical drugs. . . .

Nottingham.

PHILIP RUTTER.

. . . Many doctors registered in the "bulge" years 1923-5 contemplated holding the fort until the arrival of reinforcements promised for 1970. Now in the mid-'sixties, with endowment assurances matured and family obligations honoured, they value professional satisfaction higher than income. Local prestige accumulated over 40 years should ensure sufficient private practice to satisfy professional interest and provide pin money. Many like myself must feel tempted to cast off political serfdom, to accept practice compensation and super-annuation, and make the contemplated resignation final.

But 75% of our patients will not forgo the blessings of the Welfare State. These, and those of the emigrants, may swell to around 3,500 the average list of doctors chained to the N.H.S. by financial or family responsibilities. These unfortunates cannot survive without at least one barrier between them and the minority of importunate patients. The consultant has threefold protection, the general practitioner, the waiting-list, and his bodyguard of registrars.

Protection for the vulnerable general practitioner must loom large in any forthcoming negotiations: the State should abandon its pretence of providing its citizens with the ever-available family doctor they enjoyed in the past. His death-knell sounded in 1948, unheard amid the roar of glib politicians. . . .

MILES HUTCHINSON.

Holme-on-Spalding Moor,  
Yorks.

. . . One might easily gain the impression that the overwhelming bulk of general practitioners support the move to resign from the N.H.S.

This may be true. *It remains to be proved.* The danger may exist that those unconvinced or even hostile to the resignation move, but rightly concerned with professional unity, may feel morally obliged to support the recommendation, thus perhaps bringing about an action which lacks majority support. The decision is for the judgment and conscience of each individual doctor. If in fact withdrawal from the N.H.S. is their really unanimous decision then the failure of a few to comply immediately will hardly affect the success of the action. If, however, the militants are not in a majority, the realization of the fact will avert a step which will inevitably lead to prolonged turmoil within the profession, as well as considerable hardship to patients, especially those who need expensive drugs and will inevitably have to pay the full price for them however doctors may modify their fees. . . .

Scarborough, Yorks.

F. V. SIMPSON.

. . . The Pool system of payment is based on what it is supposed that a doctor should earn. Is it very unreasonable to