

patients. In what other profession or occupation must one actually pay for time off for holidays?

I am a consultant, but my sympathies and that of any doctor I know here are 100% behind our British colleagues in their fight for justice and self-respect. The general practitioner is the backbone of our profession, as he often works under difficult conditions and has to make up his mind quickly and accurately, since he works in a small community. It is comparatively easy for a consultant to make a diagnosis because by the time he sees the case a detailed history has been taken, the results of x-rays, E.C.G.s, laboratory reports, etc., are available, and if a diagnosis is not then apparent further tests can be ordered. The general practitioner may not have the published dramatics of transplanted or artificial kidneys, heart surgery, or Siamese twins, etc., but he is the representative of our profession of whom we can be most proud, and without him our medical and hospital services would collapse.—I am, etc.,

Mercer's Hospital,
Dublin 2.

P. A. McNALLY.

SIR,—Poor publicity is the most serious handicap to our pay claim. It is essential we improve it immediately. If we reject the recommendations of the Review Body we may appear to the public (the patients) to be rejecting even this tiny step towards a better deal for general practice. I am aware that that is not our reason: I am talking about the impression given.

Our spokesmen should keep plugging the basic facts in simple terms: "We want more money to improve the care we can give you." This is our strong negotiating point, not the threats of resignation. These do have the merit of imparting a sense of urgency, which we need as much to obtain agreement among ourselves as with the Government. Independence is our collective bugbear as well as our strength.

I hope that the evidence from the Fraser Committee will soon be available to show the way interested general practitioners wish to go. Good publicity about this is essential to our negotiators.—I am, etc.,

London N.3.

J. R. SCOTT.

SIR,—How unfortunate that at this important stage of general practice under the National Health Service no one knows what would be acceptable to the majority of general practitioners! The failure on the part of the leaders of the profession to have this problem investigated by some form of survey before talk of resignation is bad tactics. As usual in dealings with the Ministry of Health we start at a disadvantage.

If the Review Body report was to be unsatisfactory and the B.M.A. knew roughly the state of unrest in general practice it is amazing that no prepared action was ready. It seems little enough to have expected that this eventuality would have been planned for, and that the public could have been carried with us by immediately stressing that the profession wants to be in a position to provide a substantially better service to the public.—I am, etc.,

London E.C.2.

B. D. LASCELLES.

Improving Our Image

SIR,—As a fairly recently returned emigrant from Canada, I would like to put forward several points concerning the recent pay awards.

Firstly, I feel it is very important at this juncture for the medical profession to have a good public image. For this, it is probably necessary to secure the services of an experienced public relations officer who will help us to put our point of view in a manner that will enable us to obtain public support.

As I see it, a general practitioner's contract with the Health Service is in fact a type of insurance; the Government pays the premium obtained from the public by compulsory contributions. This premium of about £1 per year is paid to the doctors as a capitation fee. For this the general practitioner has to provide a service which it has been shown over the years averages out at about 4s. 6d. per patient per year; the fee for each service is therefore about 4s. This fee does not compare favourably with either payments made for a service by tradespeople or by other professions, such as solicitors or accountants. It is only by performing many of these services that the doctor can obtain his present income. The large volume of work means that he has to work long hours, cannot spend sufficient time examining his patients, and is unable to attend sufficient lectures or keep up with his reading. These last results are a direct consequence of the former.—I am, etc.,

The General Hospital,
Dewsbury, Yorks.

C. S. LIVINGSTONE.

SIR,—One important aspect of the crisis in general practice has not received, as far as I know, any attention at all. Have we thought about the effect on the relationship between doctors and their patients when it is all over? The result of the "row" so far is that the public's "image" of the doctors is of men who are always moaning about money although getting £2,765 a year. Discerning people may be able to pick out underlying causes of the trouble from the welter of letters and articles, but the majority see the situation simply as a rather unjustifiable pay-claim. Is this not because our own publicity is non-existent?

No one seems to realize there are not enough doctors to run a free, fully comprehensive Health Service and that it is because of *this* that most doctors must work such a long day at high pressure, with working hours undreamt of by people who think in terms of a 40-hour week. People have no idea *why* there is so much more for doctors to do. Far from realizing that the health of the nation is vastly improved since the war they think there is "a lot of illness about," and the newspapers ceaselessly work them up to think that not enough is being done. If it was understood that mainly because of the advances in medical discoveries, new treatments, and so on so much more can be and is being done, patients would be likely to be more contented.

Then surely it is time people had a true picture of doctors as human beings (instead of this silly romanticized view they get from the lighter programmes on T.V.), as men and women with basic rights like themselves, the right to a reasonable working day, to eat, to sleep, even occasionally to be ill, to have extra pay for extra work, holidays with pay, and so

on. Then that £2,765 a year could be seen in proportion. If they realized the truth about conditions they would see for themselves that young men cannot be expected to enter the profession as things are, and that it is deep anxiety about there being a far more serious shortage of doctors in the future that has driven this generation of doctors to take a stand about their conditions and pay now.

Whatever happens the future looks bleak and uncertain, but I am sure that good practice cannot be carried on except on a basis of a good relationship between the doctor and his patient. If the majority continue to regard doctors as thick-skinned men on the make instead of as human beings trying to do an exacting job under impossible conditions, the relationship between the two will deteriorate even further.

Cannot the B.M.A. see to it that we put over a true picture somehow before more harm is done?—I am, etc.,

Warminster, Wilts.

KATHARINE FALK.

SIR,—Having just watched my colleagues in the local branch of the B.M.A. vote with an overwhelming majority and extraordinary assurance in support of the proposal to resign from the Health Service, I am more than ever dismayed by the image which we are projecting.

Firstly, the timing is bad inasmuch as it appears to the public that we are rejecting the financial recommendations of an independent review body; secondly, the impression is widely current that we are reactionary in rejecting the proposed rewarding of doctors who deploy their time and money wisely by providing adequate ancillary services. No one loses by this suggestion, and it appears wholly reasonable that the efficient should gain most.

The profession as a whole seems to be indulging in two delusions of grandeur extraordinary in a learned body. Most doctors seem to assume that the Government is bound to yield in the face of overwhelming withdrawal. There seems to me very little ground for this belief, as the Minister has only had to state publicly that he has accepted the report in its entirety for the responsibility of our actions to be laid entirely on our shoulders. In the second place it seems to be widely assumed that the general public love us well enough to be prepared to pay for our services twice. Negotiations with insurance companies are irrelevant while this situation persists, since it is extremely unlikely that more than a small fraction of our patients will agree to do so. Furthermore, it only requires one death of a patient who has declined to pay the £8 for his week's course of Ampicillin for the profession to have to enter into negotiation with the Minister of Defence for the use of armoured cars.—I am, etc.,

Reading.

JOHN B. WILLIAMS.

The Review Body's Award

SIR,—Rejection of the Review Body's award seems our only course, but before resigning from the N.H.S. we must have a