beyond the stated time. Is this to be counted as its official or its actual time? Again, supposing he does less time in surgery and more on visits? Practices vary greatly in this respect.

Failing satisfactory answers to such questions, I submit that the new pay structure should not go forward for pricing; unless of course the Minister agrees to delete this qualification, which I believe the profession should demand.—I am, etc.,

Leatherhead, Surrey. ALAN N. COWAN.

SIR,—The Fellowship for Freedom in Medicine considers that the outcome of the discussions between the Minister of Health and the profession falls considerably short of what is needed for a satisfactory general-practitioner service. Therefore it is not acceptable, and reference to the Review Body for pricing would merely waste several months.

We are not surprised that the "Swansea resolution" met with a curt negative from the Minister, and that there are no provisions for a payment at the time of use by all patients (except for some well-defined groups who could not pay without hardship). This we regard as fundamental to the building of a general-practitioner service of high standard.

Although there are several provisions by which the doctor's remuneration would increase, the public is left without any tangible responsibility for the success of the Service. They can still use it like tap-water. Consequently there will be no reduction in the overall work load. Any effect of the Minister's appeal to the public is unlikely to last more than a month or two, with the possible exception of the few who already do not consult their doctors often enough through an excessive desire not to be a nuisance.

The worst feature is that the State will remain entrenched as the complete employer, and the doctor–patient relationship is left without a financial bond. Unless this nettle is grasped now the doctor's time will remain anybody's for the asking; he will continue to deal mostly with the trivial; the profession will not regain its pride; emigration will continue; and the load per doctor will increase.

Earning power is not the only or even the chief matter at stake.—I am, etc.,

R. HALE-WHITE,
Chairman,
Fellowship for Freedom in Medicine.
London W.1.

SIR,—While we are still able to see the wood for the trees we feel our sentiments on the second report should be recorded.

The proposal to pay us for "normal hours" and "out of hours" is fair enough. Yet who, in 1965, would accept a 60-hour week as "normal"? Comparisons may be odious, but . . . And if we opt to give our patients continuous care, having worked an undeniably hard day, are we not to be permitted to go to bed before midnight? The hardship is no less whatever time we are hauled out of bed.

Consider now the question of holiday and study leave. Are we less entitled to six weeks' paid holiday leave than other sections of the profession or the Civil Service (which clearly Mr. Robinson would have us join)? But our six weeks must needs include study leave.

We wanted at least two main principles accepted to guide the future of the family doctor service: encouragement of good doctoring, and the discouragement of abuse. We need a system of payment which will liberate the hitherto suppressed abilities of the practitioner; yet where is the incentive for us to carry out minor surgery, psychotherapy, electrocardiography, and the like? We hear so much of the burden on our hospital colleagues, but clearly this could be markedly reduced if we were given the proper encouragement.

We need a system which will inhibit the improper use of the Service, and the Swansea resolution was a clear demonstration of what that meant. Yet Mr. Robinson digs in his heels, fobbing us off with the promise of "suitable publicity" on this account; and we know precisely what good that will do. The Government is prepared to allow all patients immediate free access to general practitioners at all times, expecting us to cope with the resultant work load at a flat rate of payment, with the sop of itemized service in "the small hours." All "out of hours" work should be paid for on an item-of-service basis, possibly with an additional stand-by fee. If the Government felt that too much "out of hours" work was being demanded by patients it would then be up to them to seek the reason why, and if it were shown to be largely unnecessary then it would be up to the Government—and not us—to restrain the public.

Make no mistake, the proposed new pay structure is basically good for the Treasury, not for us, nor for our patients in the long run. Now is the time to ensure that the end-product of what has been said by the profession so often should be a system in which we can have reasonable, if not absolute, confidence; and, clearly, the second report does not satisfy this criterion.

And even if we are misguided enough to accept that it should be submitted to the Review Body, what likelihood is there that, when the contract is finally priced, we shall not find ourselves financially in much the same boat, continuing our stormy passage towards coronary artery disease, with our golden opportunity sinking rapidly below the horizon?

No, Sir, we must not yet again accept a compromise so much to our detriment, and, if the answer has to be "Yes" or "No," then in spite of the partial progress this document represents it must be rejected. It is no fault of our negotiators, for Heaven knows they have done their best. But where our future and the future of the family doctor service is concerned partial progress is, in our submission, clearly insufficient.—We are, etc.,

NEVILLE DAVIS.
S. E. JOSSE.
London N.11. AFTAB AHMED.

SIR,—I would think it is time that the facts of life were presented to the British public in a simple form—such as that the only doctoring worth having is good doctoring; that hurried doctoring by a jaded and harassed man cannot be good doctoring; that they cannot have attention for all symptoms, however slight, and careful painstaking care when they are really ill.

Elderly people very frequently have symptoms, as the machinery is wearing out. If they all demanded attention it would bring any service to a standstill. Fortunately most have enough sense to try simple remedies and wait and see, but for the others and the inconsiderate the only thing is for a fee to be charged, recoverable, of course, by those who cannot be expected to pay.

The argument is always raised that it will deter those from coming to the doctor early in their illness. I doubt the validity of this, because most people seem to have ample to spend on their luxuries; but even were it to be valid it must be balanced against the loss of efficiency and inevitable increase in risk when the doctor is overworked, overtired, and has quite insufficient time to spend with his serious cases.—I am, etc.,

Penzance, Cornwall. D. C. CLARK.

SIR,—Whatever the differences inside the profession on how best to improve general practice, we are all agreed that the first essential is an increase in medical manpower.

The Charter does absolutely nothing to stimulate recruitment to the profession nor to prevent the outflow by emigration and resignation. The only thing that will is the end of State involvement in general practice. The contract must be between patient and doctor only.

Why prolong the agony? Let us throw out the Charter now and start the alternative medical scheme devised by the Private Practice Committee.—I am, etc.,

Basingstoke, Hants. B. WINCHURCH.

SIR,—The second report of the current negotiations with the Minister of Health might have been regarded as a reasonable basis for entry into the National Health Service in 1948 if it had been coupled with some indication as to how much the average general practitioner was likely to be paid for the services detailed.

Unfortunately circumstances have altered considerably since 1948, particularly in regard to the number of doctors available to care for the population at risk and in the relationship of the profession to both Government and patient. The awards made by Danckwerts, the Royal Commission, and the Review Body were hailed successively by our leaders as victories for the profession, but each victory became a mockery as only two or three years elapsed before doctors became discontented with their lot, threatened resignation, and were pacified by yet another hollow mockery.

The current proposals, if properly priced, might again improve the lot of the general practitioner for a short time, but it is very doubtful if they will lead to the provision of a better standard of service for patients. In fact there is little doubt that for N.H.S. patients, if the proposals are accepted, general practice will cease to exist, for, in the future, general medical services will be provided by impersonal medical officers from clinic-type premises provided by local authorities but paid for from central sources. In no time at all a full-time salaried service would be a *fait accompli*.

The perpetuation of the capitation-fee system, which devalues the patient, and the free-at-the-time service, which devalues the

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