

Personal View

When I left the National Health Service in September 1978 it was for a motley of reasons. Relatively high on the list, I have to admit, was an inability to maintain a satisfactory domestic front. But at the time I was convinced that the primary reason was a continuing and deepseated dissatisfaction with the way that the conditions of service were treating both doctor and patient. I wrote a long and polemical article to the *Sunday Times* voicing my dissatisfaction and reasons for leaving. Not only did the editor not publish—perhaps a good thing—but failed to reply at all, certainly impolite at the least.

How do I feel about it all now, two-and-a-half years later? I have been living in Rome working in the European office of a major international pharmaceutical company and enjoying my work in clinical trials of new pharmacologically-active compounds. Certainly in the interim doctors have had much-vaunted financial improvements. UK doctors are harder to attract because they have become expensive for the industry. Nevertheless, as one of my ex-partners expressed it recently, "We are certainly no better off but at least no worse off." Thus, the major problems as I saw them in 1978 seem to remain. How could I seriously expect to care for 3000 patients adequately by their standards and by mine? Does the happiness engendered by the relationship with some patients outweigh the dismay created by that with others? Should the burdens of practice continue to be expressed in the obituary columns of the *BMJ* with so many dying at young ages, in the divorce courts, in alcoholic statistics, and not least in the increasing and in some ways desirable clamour for medical audit?

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Perhaps I should look at what I am doing now—having left a practice that was professionally as rewarding as it could be and partners who were pleasant and gentle. My income is, apparently, not more than it would be in practice today, though the Italian revenue helps itself as generously as does its British counterpart. I "see" patients by the proxy of their case reports after consumption of whatever it is we are studying and by long and interesting discussions with clinicians on the conduct and results of the treatments. I am concerned with the preparation and planning of programmes of study that are likely to get somewhere and not just be shelved by bureaucracy and I am immersed in the problems that Dr Tony Smith described so eloquently in his penetrating series on "The drug industry" (8-29 November 1980). I even have time to read journals that just piled up unread in my surgery. And yet I believe that I work harder now than I did in practice. It must be the terms and conditions of service that are better, notwithstanding the hours spent at airports for delayed aeroplanes, impersonal hotels, and the frustrations of Italian bureaucracy. Certainly, I have met with courtesy and kindness from clinicians all over Europe and there is a challenge in discussing projects with such experts. The Europeanisation of Europe really does seem to have occurred in the profession so far as relations one to another are concerned, even though the lack of Europeanisation of drug regulatory authorities is still a major stumbling block for the industry.

The United Kingdom continues to supply the industry with doctors—are they disenchanted with the NHS? In other European countries we have real problems in recruitment. Doctors are not only costly but most do not wish to leave the

hallowed halls of clinical medicine for what they see as "selling one's soul to the drug companies." We have been searching for some time for doctors to join us and find either inadequate candidates or those who wish to keep a foot in the door of academic medicine, work only eight months a year—as in Sweden—and demand exorbitant remuneration for doing so. Yet times do seem to have changed from the days when those who went into the industry were at the bottom of the graduating class and who could not get good clinical jobs. The industry now demands competent and experienced doctors who will plan the study programmes, supervise the trials, and prise from the investigators—or write themselves—the reports needed to register the new compounds. Sadly, the image of the drug company doctor has not yet improved commensurately with his skills and knowledge. A young ex-patient once said to me, "But you are not a proper doctor now, are you?" Upsetting really, because I think I know more pharmacology now than I ever knew either as a registrar or a family doctor. After all, where does the future of clinical medicine lie? I suggest it lies in innovative pharmacology.

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What of Rome? It is like a seething anthill all days of the week except Sundays with tiny cars almost, but not quite, running you over—it is too expensive knocking over pedestrians. They jump the traffic lights, park all over the pavements, and even emerge unscathed from the occasional collision with a bus. At times untidy and dirty, Rome is a fantastic and exciting city built in glorious technicolor. All civilisations seem to be represented for nine-tenths of the year, and the relics of former European development abound wherever the eye falls. The EEC must have been much more efficient when the previous "Treaty of Rome" was in full swing.

Italy is a land of people whose whole being seems to be expressed in active communication. Do they get depressed? Apparently not, it must be the tiny dose of lithium in the acqua minerale that buoys the spirit. It is a land where you still see whole families going out to eat their evening meal in myriads of ristorante with prices to suit all pockets. After all, when did you last afford to take out the whole family to a restaurant in England? The economy is in good and bad shape, mostly bad, with the high cost of imports, oil, meat, and the beloved coffee high on the list. The car industry is sweating much as ours is but small firms are selling anything they can make, earnings being the incentive. Taxation needs glossing over, it is not so much less than in the UK but it is somewhat disorganised, especially in respect of overpaid tax. Doctors and lawyers are commonly accused of being the worst in respect of not paying their taxes. The State health service seems to function alongside a prosperous private system. Patients turn up in the pharmacies with pink "EC10s" or simply buy all manner of drugs themselves. You can ask for anything over the counter except narcotic and psychotropic drugs. Above all, it is a land where private enterprise has always flourished and expects to—Maggie Thatcher's dream? The sun shines, the fruit and vegetables grow, and the wine pours from the presses. The grass is not always greener this side of the fence but the terms and conditions are.

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