

SIR,—May I comment on a point in your leading article (April 20, p. 612) and on another issue that has been frequently raised in correspondence about the Bill. You suggest that the Minister should drop his salary proposal and see that doctors be remunerated on a capitation basis. If, however, the Minister did do this, would it be wholly fair to those doctors who, working single-handed before, have returned from the Forces to find their practices considerably diminished and their panel lists reduced by half or more? Thus one colleague, after some years away, sees his panel list reduced from 2,400 to 600; another from 1,700 to 700. If the Bill is passed all panel lists will presumably be dissolved and patients will be given afresh the duty of selecting a doctor. What real chance will the Service doctors have then of regaining their former practices? As we know, many people will, from inertia, tend to choose the doctor on whose list they were prior to the Act coming into force, with the result that those doctors who have been away will be at a considerable disadvantage. If this applies to once-established practitioners, how much more does it not apply to the young men and women about to start on their careers? The B.M.A. announces that it has them in mind and is making, or has made, arrangements to enable them to borrow money with which to buy a practice. This is very well, but if a man does not want to burden himself with a heavy debt—and one knows how heavy and harassing such a debt can be—then it's just too bad. He is, after all, free to struggle for a living as others have done before him. One cannot wonder that there are many who cordially welcome the proposal that a substantial part of our remuneration be by salary. It is idle to preach unity to a profession that is so divided by circumstance.

A different issue raised by many of your correspondents is this. They suggest that, when all may be treated "free," doctors will be swamped with the trivial complaints of patients who would not have attended had they been obliged to pay at each visit. Nothing, to my mind, is less likely. Many years of private and panel practice, and some recent experience as an Army medical officer, have but served to confirm what has repeatedly been proved before, and been conclusively demonstrated by the Peckham Health Centre, that, taking it by and large, sick people do not go to the doctor early enough. Not because they can't afford to—it is not only the poor who come to us with inoperable carcinoma or advanced disease—but because even when people know they are ill they are frightened of being told they are ill. We ought, then, to welcome the trivial complaint when we meet it, for we have seen too many patients die of what was first thought to be a trivial complaint or a neurotic symptom. And besides, if we pretend to be interested in our work we should be glad to study early symptoms and signs. For, as John Macmurray put it, "The man who goes to the doctor is a sick man."—I am, etc.,

London, E.1.

M. MARCUS.

SIR,—Whatever one thinks of the new Health Service Bill there is one thing that stands out in startling relief—the fact that the Minister of Health has treated with contempt the members of the medical profession, in that he has declined any negotiation with its chosen Negotiating Committee. He has produced his Bill and has stated that its "framework" must stand. These are the actions of a dictator issuing an ultimatum.

When one studies this framework, "which must be accepted," one cannot but see clearly that it is not only a framework but is also a sepulchre designed carefully for the reception of the ashes of many things that have hitherto been held dear by the profession—individuality, initiative, independence, etc.—and it has also a special funeral urn for the ashes of the great and glorious traditions of our voluntary hospitals, dear to us also in a way that no other hospitals can be. It will be a very bad day for the moral and spiritual welfare of our country if its citizens are to be for ever deprived of the pleasure and uplift of contributing, to the succour of the sick and needy, gifts that are always twice blessed. How easily it could be avoided by the provision of grants in aid in order that our great voluntary hospitals should continue to lead, as they have always done, in the story of hospital progress.

Looking to the future under this Bill, what are likely to be the prospects of the profession with regard to the relationship of their various advisory committees to the Minister of Health? Is he compelled or is he likely to act on their advice? In view of his initial dictating the prospect is gloomy in the

extreme. I feel strongly that in resisting this Bill as it now stands the profession will be acting in the best interests of the people, and I am sure that the people generally wish us to remain, as heretofore, their own personal advisers, and not become mere civil servants whose first loyalty must be to the State. I cannot conceive that the profession will be so spineless as to accept tamely the Bill as it now stands, and I hope that all Branches will adopt the slogan: "No service under the Act until conditions of service acceptable to the profession have been reached as the result of negotiation freed from dictation."—I am, etc.,

Eltham, S.E.9.

WILLIAM T. MILTON.

SIR,—Judging from the letters published in the *Journal* and from opinions expressed both in public meetings and in private, it appears that a considerable number of doctors object strongly on principle to certain proposals in the National Health Bill. Their objections are based on the belief that the proposals will tend neither to raise the standard of medical treatment nor to improve the health of the nation. The Bill sets us on the road leading to a full-time State salaried service, and the sacrifice of freedom and initiative thereby entailed should not be demanded by the Government until we are certain that a commensurate benefit will be derived from it by both doctor and patient.

Owing to the fact that the majority of general practitioners have commitments and dependants for whom they are responsible, they are not in a position to refuse service under the proposals of the Bill unless they know that a sufficient proportion of their colleagues are prepared to stand by them. If the B.M.A. should arrange a plebiscite in the form, "Are you prepared to work in the National Health Service as laid down in the Bill?" the majority will be obliged, however unwillingly, to answer "Yes." I venture to suggest that this difficulty might be overcome if questions were circulated in some such form as the following:

(a) Apart from economic reasons, are you in favour of accepting service under the National Health Service Bill as a matter of principle?

(b) If not, is your objection so strong that you would undertake to refuse such service provided that a sufficient number of your colleagues would unite with you in such a refusal?

Our leaders in the B.M.A., having studied the answer to these questions, would then be in a position to judge whether a sufficient proportion of general practitioners are prepared to stand together to make such action advisable, and could instruct members accordingly.—I am, etc.,

Stammore.

H. B. WOODHOUSE.

SIR,—I do not dare say that I will not accept service under the Bill, but would willingly sign a statement that, providing 50% of doctors do likewise, I would refuse service. Many of us are afraid of being left "holding the baby," but such a document would probably be signed by 90% of the profession. The percentage agreeing would be the true percentage wishing to refuse service. Could not the B.M.A. try out such a document at once and see what happens.—I am, etc.,

Halesowen, Worcs.

H. W. BLAND.

SIR,—Recent correspondents have drawn attention to discrepancies in the Ministry of Health's Summary of the Proposed New Service as compared with the Bill itself. May I put forward a further point.

The Summary (para. 4) states that "all the service, or any part of it, is to be available to everyone" (italics mine). This appears to cover the right of a patient to consult a general practitioner outside the service, and not thereby deprive himself of hospital, consultant, and other benefits in the scheme. I can, however, find no reference to this privilege in the Bill itself.

Without suggesting that the treatment would be better, I believe there will be patients who, for personal and other reasons, prefer a private practitioner as their family doctor. It is of vital importance that such practitioners have access to the facilities of the service on behalf of their patients, and this right should be established, if possible, by a clause in the Bill. It may be suggested that the position could be secured by regulation, but regulations are too easily altered or cancelled by succeeding Ministers.—I am, etc.,

Sheffield, 10.

HENRY BROWN.