

suggest that he should be paid for what he actually does earn, and that if he works harder than was envisaged that he should be paid more?

Prior to the start of the N.H.S. the doctor was paid a fixed capitation fee for his National Insurance patients. His expenses were his own concern, and his income was what he was able to earn. Though there was always argument as to the size of the capitation fee, by and large both the doctors and the Government were satisfied. On the Pool basis income is not related to the growing amount of work a doctor has to do. It is even affected by such things as how much midwifery other doctors do. Further, on average, it has a fixed ceiling. While these illogical things remain there can be no lasting agreement and no satisfaction.

The one prerequisite to putting things to rights is to scrap the Pool and to pay us by fixed capitation fee from which there would be no deductions, and which would be based on the pre-N.H.S. capitation fee increased in proportion to the loss of value of money, and by a percentage related to the increased work since 1948. The present complicated negotiations would then be unnecessary, as all that would have to be agreed besides the actual capitation fee would be such matters as mileage payments and midwifery fees. An energetic doctor would have no ceiling on his income, and his expenses would be his own affair, only to be accounted for to the tax authorities. . . .

Long Eaton,  
Notts.

C. H. HIGHFIELD.

. . . The so-called independent and impartial Review Body has deliberately missed the whole point of the S.C.7. The shortage of doctors will continue; the rate of their emigration will no doubt now increase further; and the population explosion shows no signs of abating.

The Government has no intention of trying to make our work load lighter, and the profession must now take the matter into its own hands. Unpleasant as it is, a financial barrier is the only means of preventing our being snowed under with work.

I repeat a plea I made in this journal after the 14% fiasco.<sup>1</sup> The salvation of general practice for the doctor and the patient lies in our immediate and complete withdrawal from the National Health Service. . . .

Fleet, Hants.

B. WINCHURCH.

#### REFERENCE

<sup>1</sup> Winchurch, B., *Brit. med. J. Suppl.*, 1963, 1, 283.

#### Reason for Withdrawal

SIR,—At a special meeting held in Southend on 15 February I expressed the opinion that we were acting with indecent haste in considering resignation from the N.H.S. before we had attempted peaceful negotiation on the distribution of the Review Body's award and on terms and conditions of service.

On the front page of to-day's *Daily Telegraph* is a written Parliamentary reply by the Minister of Health in which he is reported to have said, "Doctors last year were paid for 640,000 more patients than the Estimate of Population. This compared with excess figures of 528,000 in 1963 and 451,000 in 1962." The public might be excused for

concluding that doctor's remuneration was linked to population figures and that we had received more money than we were entitled to, and such misleading twists of words convinces me that peaceful negotiations against such a background are no longer possible.

I am grateful to the Minister for having in two sentences solved my problem, which hours of heart-searching and the arguments of colleagues failed to do.—I am, etc.,

Westcliff-on-Sea,  
Essex.

F. G. HINKS.

. . . I believe in a National Health Service, complete with no prescription charges, and if we cannot get a Socialist Minister to advocate reform, and so far he has suggested none, who can we get to put things to rights? The only method left to us to awaken him to his responsibilities is withdrawal of service, and those who say they cannot withdraw are not helping to improve the Health Service but are aiding in its deterioration and final destruction, and what price then one's "over-riding responsibilities to one's patients and to the service of medicine"? . . .

Dartford, Kent.

NORTON L. SHORT.

#### No Withdrawal from the N.H.S.

SIR,—We have no intention of resigning from the Service. We are sure that there are many doctors like ourselves who feel they must protest most strongly about the handling of the present dispute by the B.M.A. The Review Body was set up with the full support of the B.M.A. to arbitrate between the profession and the Ministry, and while we do not agree with all the findings of the Review Body it is irresponsible to ask for arbitration and not to accept the result.

Since the findings of the Review Body were published there has also been a complete reversal of policy on practice expenses by the B.M.A. It would now appear that the original idea of reimbursement for doctors who actually incur the expense of ancillary help and improve their service has given way to a policy of a straight wage award.

We feel that it is morally wrong and degrading to the profession to threaten resignation in order to attempt to reverse the decision of the Review Body. We personally are convinced that the Health Service is now part of the social structure of this country and any resignation would cause inevitable hardship to a large section of the population. Also, any such action as suggested by the B.M.A. would severely damage for many years the relationship and good will which exists between doctor and patient.—We are, etc.,

GRAEME W. KENNEDY.  
JOHN P. NEASHAM.  
R. G. PALMER.

Chichester, Sussex.

SIR,—I wish to add my agreement to the views so well expressed by Drs. Aidan H. Bacon (13 February, p. 453), Aidan C. Daniel (20 February, p. 514), and other like-thinkers. My own reaction is of shame that our leaders should have acted with such brash precipitancy in their response to the Review Body's report. I have practised for

35 years in a mining area and am good friends with many knowledgeable trade unionists. Their attitude to our troubles is friendly, but their comment is: "What a way to approach a Minister!"

May I state that I am not tendering my resignation from the N.H.S. As yet, I am suspending judgment on leaving the B.M.A.—I am, etc.,

Dover, Kent.

EDWARD BELLAMY.

. . . I have been greatly disturbed by the way in which the image of the general practitioner has deteriorated this past week into a grasping, discontented worker whose concern has been more for money than for the welfare of his patients. I wish to support the letters of Dr. T. A. W. Parkes and others (13 February, p. 452) and of Dr. A. H. Bacon (p. 453) and hope that some others in the profession will, like me, be moved out of their happy lethargy to make their feelings known. I have no intention of resigning from the National Health Service. . . .

Cambridge.

PATRICIA B. CORSTON.

. . . There must be many general practitioners throughout the country who look forward to arrangements which will enable them to improve the conditions of their service to the public and who do not disdain competition for recognition of professional worth within their ranks. To them the conclusions of the Review Body are sensible and acceptable. Our branch of the profession is now faced with a vital decision. If we behave as our representatives in the British Medical Association are asking us to do we shall forfeit the esteem of our colleagues in our own and other professions and in the Civil Service. Our status will certainly decline, and recruits to our ranks will in future face a very different situation. We should all think very carefully before taking this retrograde step. . . .

Epsom, Surrey.

E. J. C. KENDALL.

. . . To suggest mass withdrawal from the N.H.S. as the proper procedure now is like taking a hammer to a good watch when it loses a few minutes a day. To those who disagree I would suggest (1) that they ask any general practitioner who is old enough, and who practised among the middle and lower classes, whether he is not better off now than he was in the 1930s; (2) that they inquire about the old "sixpenny" doctors. Bad general practice existed before the N.H.S.

What we should do now is to seek remedies for the present-day patches of bad general practice. The Review Body have made suggestions for a start in this direction. . . .

Midsomer Norton,  
Somerset.

K. E. LANE.

. . . It is foolish to deny that withdrawal would entail vast numbers of people in grave hardship, and would seriously affect the respect which undoubtedly exists for general practitioners and their claims in the minds of the public. This respect is the profession's best ally in negotiating with the Government for better conditions. Let us