

know. Indeed, the report reads just as though Lord Kindersley's committee set out deliberately to alter the relativities in doctors' pay, and they do so without the backing of statistics to support their conclusions.

In the face of such an unexpected and disappointing situation we ask what can now be done about it. First, we note that the evidence on behalf of general practitioners was submitted by counsel, and this leads us to question the competence of those venerable gentlemen who have negotiated this disaster for us. Why was the Review Body allowed to believe that the increase in hospital work load, clearly shown in the report, is borne wholly by junior hospital staff? Were the Review Body never told of regional hospital areas in this country where the smooth running of the hospital service has for years depended on the good will of consultants, who have undertaken all manner of unpaid extra work, such as, for instance, casualty duties, in addition to their normal work? And why should not extra remuneration for night calls, for working in unattractive areas, post-graduate allowances, and for seniority apply just as reasonably to consultants as to general practitioners? And, Sir, what kind of a system is this which discourages and penalizes most of the best men in every student year? Surely this Review Body report sounds the death knell for the hospital service of the future.—We are, etc.,

C. E. ASTLEY.
R. BROWN.
D. M. CAIRD.
J. COOK.
R. COWLEY.
G. L. DAVIES.
J. L. EDMONDSON.
B. H. ELLIS.
S. J. HALKETT.
M. HOROWITZ.
D. R. L. NEWTON.
Middlesbrough.

J. OLDFIELD.
J. POTTER.
D. M. PRINSLEY.
H. RICHARDSON.
J. M. ROBERTSON.
H. G. SAUNDERS.
L. M. SHORVON.
G. B. SUMMERSGILL.
A. B. TOMPKINS.
B. WILLIAMS.

Independent Medical Services Ltd.

SIR,—The majority of fair-minded family doctors who support the basic concept of the N.H.S. realize that the Review Body award, coupled with changes in conditions of service agreed to by an enlightened Minister, offers potentialities for a real advance in general practice in this country. Such a step is unlikely to occur, however, without much rethinking and reorganization by individual practitioners.

It is all the more to be regretted, therefore, that at this time we are being side-tracked by the attempts of I.M.S. to introduce a much higher proportion of private practice. For the doctor wholly engaged in private work, or as a possible alternative to the N.H.S. had negotiations broken down, the scheme proposed is no doubt attractive. To the average doctor already fully committed to N.H.S. patients it can at best be socially divisive and at worst lead to a two-tier system of medical care reminiscent of pre-1948 practice or the present state of affairs in the United States.

A doctor, overworked though he may be, usually gives such proportion of his time to a patient as he feels the individual circumstances merit. For the allocation of this time to be determined by the patient's ability

to belong to I.M.S. is a totally outmoded social concept in 1966, and in our present under-doctored society this attempt to buy time can only be at the expense of others no less deserving. If any doctor thinks he is somehow going to be dealing with less "trivial" illness under this scheme, let him re-read Dr. M. L. Marinker's letter (28 May, p. 1361), which goes to the root of many of the present frustrations in practice and places the blame squarely where much of it belongs—on the hitherto totally unbalanced state of medical education in this country.

Among the advantages put forward to potential users of I.M.S. are that they "will be assured of complete confidentiality of their medical records." To suggest in this way that the opposite is true of the N.H.S. is an unworthy slur, to put it mildly.

No, Dr. Jones! Coming so soon after an award that the majority of the public regard as generous, this scheme will be seen by them as an opportunity to make money rather than getting on with the task of putting our own house in order. Whatever the political complexion of future governments, the N.H.S. is here to stay. It is up to us to see that it is organized on the best possible lines worthy of our profession. We now have what may well be the last chance: let us not waste it on a scheme whose main appeal is its snob-value.—I am, etc.,

Bridport, Dorset. ANTONY P. BARTER.

State Influence in Medicine

SIR,—At the A.R.M. in Swansea last year a motion (No. 389) was passed by the appropriate majority stating: "That in the opinion of the Representative Body the influence of the State in matters medical has increased, is increasing, and ought to be diminished, and that the policy of the Association be directed to achieving this end" (my italics).

We are now faced with a "New Deal" for general practice. This "New Deal" (which seems also to be a package deal) incorporates among other things:

- (1) Selective payments for specified items of service of which the State approves.
- (2) Discrimination against those who do not accept that group practice is the desirable form of practice.
- (3) Selective discrimination against the employment of any ancillary helpers other than those performing duties thought desirable by the State.
- (4) Vast discriminatory payments to a few, and considerable payments to a good many more, general practitioners who conform to as yet unspecified standards of practice approved by the State.

Despite the fact that I appear to stand to gain from the arrangements of the "New Deal" it does not commend itself to me as a wise structure to impose on general practice. The pattern of practice that is being formulated is one with the accent on "efficient-and-scientific" rather than "considerate-and-caring" medicine. Now though accentuating one aspect does not necessarily exclude the other it is a stimulus to evolution in that one direction rather than in the other. If this is what the patients want and what the profession is willing and able to provide then it is a natural evolutionary

process and must be accepted. If however it is merely what the State thinks that the patients ought to want and what the profession ought to be willing and able to provide then it should be opposed—for it must inevitably eventually fail to achieve satisfaction for anyone.

It is because the present framework of the whole N.H.S. militates against any corporate expression of choice by the body of patients, and because the profession has little opportunity to offer anything other than the pattern approved by the State, that discontent has been so manifest in recent years.

This is why Motion 389 was brought forward at last year's A.R.M. and (it is to be hoped) why it was accepted and became the policy of the Association.

It is a sad comment on the significance of the policy of the Association if it can be disregarded when most relevant merely because expediency is brought to the fore.—I am, etc.,

Boston,
Lincs.

R. K. ALLDAY.

Justice at Last

SIR,—May I join in a general welcome to the bare financial justice that has at long last been granted to general practitioners in the National Health Service. Apart from the reorganization involved, this award is notable for its implicit admission of our ill-treatment over many years under successive Governments and of this Government's promise that at least in future our value to the community shall be adequately recognized. What a regrettable thing it is that in conceding so much the Government has thought it worth while destroying the whole warmth of a rapprochement by grabbing back as much as it could lay hands on with certainty in making its getaway from the last ditch. Even from the Government's point of view, surely it would have been better to boast of coming to the rescue of an ill-treated minority than to create an image of reluctant capitulation in the face of threats. It is useless to plead that the time is inopportune. It is just as opportune as when the M.P.s voted themselves a little financial justice; and, moreover, the medical profession cannot be held responsible for the delay and choice of time in their case. The profession will withdraw its swords but not beat them into ploughshares.

In relation to the proposed payment structure, and within the limits of what was possible, there cannot be any great cause for complaint. However, there are one or two minor faults which should be remedied and may be worth pointing out again here. First, the awards for "special experience and service to general practice." These should not have been proposed again in view of the well-known and overwhelming opposition to such special increments unless it was possible to announce some fresh notion of how the real and obvious objections to them could be overcome. This item in the award as it stands represents no more than a means of inflating the total over the figure which doctors can reasonably be expected to receive.

The payment for night calls appears to be a little ill-considered: for instance, why is it restricted to calls after midnight? There seems to be a quite unwarranted assumption