

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.
AFTAB AHMED.

London N.11.

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 be 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

doctor, will not ease the discontent which has existed since 1948. Much of general practice remains as a cottage industry provided from inadequate premises by discontented doctors to a population driven to irresponsibility by reason of the fact that a multitude of authorities, boards, councils, and departments staffed by hosts of officious officials and controlled by plausible power-seeking politicians have intervened to exclude the personal relationship which could, should, and must exist between doctor and patient if general practice is to remain a viable proposition.

The Minister of Health has been most careful to ensure that the cart has been put before the horse and that his proposals are considered before the contract has been priced. It should be remembered that the present remuneration of general practitioners includes the expense factor, which could and should have been much higher if more doctors had provided decent accommodation and ancillary help; that if the expense factor is withdrawn the capitation fee will be much lower unless enormous sums of money are recommended by the Review Body; and that less than twelve months ago the self-same Review Body, prompted by the Minister and in face of all the evidence produced by the profession, found nothing to suggest that general practitioners were seriously underpaid. The present proposals offer little or nothing to those who by grouping in threes and fours have provided good accommodation, ancillary help, twenty-four hour service to their patients, and reasonable off-duty for themselves. Even laymen, continually reminded of the acute shortage of doctors, will be puzzled to know from what magic reserve doctors will appear to ease the burden of overwork caused by such things as the demand for household remedies and bonus-shift certificates and the repeal of the prescription charges. Doctors are unlikely to return in vast numbers from overseas in order to perpetuate the illusion that the N.H.S. is "free," and even if the Pool is abolished the Review Body, in the face of present economic difficulties, will not be given blank cheques to complete in favour of general practitioners, dentists, consultants, and junior hospital medical staff.

If the majority of general practitioners approve the Minister's present proposals the next crisis will come when the Review Body publishes its findings, and the danger then will be that the profession will be accused of being interested only in money and not in terms and conditions of service—or even service.

Reams of red tape and hosts of officials will be required to administer the complications of the new proposals—as much and as many as would be required to reimburse patients who might suffer hardship as a result of the majority of general practitioners resigning from the N.H.S. and charging their patients fees for their services. In face of the fact that it is said to cost 25s. per week to feed a dog, £1 or more to call in a television or washing-machine serviceman, 10s. to £1 for an afternoon or evening bingo session, 8s. to 10s. per week to rent a television set, and anything up to £2 per week for tobacco, it is difficult to imagine that many patients, if they valued their health, would be unable to afford the services of private general practitioners, given that the Minister was forced by public opinion to provide private patients

with a range of effective drugs on the same terms as all drugs, including household remedies, are provided for N.H.S. patients.

In an excellent article in the *Daily Telegraph* of 11 October Patrick Wood stated, "If the people of Britain want impersonal medical care in clinics by doctors whose first allegiance is to the State and whose second allegiance is to their union, then they should encourage the acceptance of the present Charter. They will have hygienic waiting-rooms, easy access to some doctor (but not necessarily their doctor), and the sort of service one expects when one pays nothing. If, on the other hand, they want personal care by a doctor who accepts complete responsibility for them, then the only solution is to insist that the contract should be directly between the patient and the doctor, when there is no need for a Charter at all. Good medical care must always be expensive, and a service on the cheap must always be a cheap and shoddy service. The money needed to revitalize general practice must come from people prepared to pay a good doctor for good personal service, and the resources of the State must be concentrated on subsidizing the poor and the chronic sick."

I trust that if the proposals are accepted the additional payments for service to general practice will be awarded to those doctors who have emigrated, for it is they and they alone who are responsible for the fact that the B.M.A. has been partly roused from its lethargy and the Elephant jolted from reverie in its Castle.—I am, etc.,

DUNCAN YUILLE.

Norpark Group Practice,
Hull.

SIR,—The second report on negotiations on the Charter is a most intriguing document. It is like a menu of strange dishes with tempting names, which until they have been tasted cannot be judged. Who can resist the temptation to send the document to the Review Body in order to judge its implications?

The proposals are undoubtedly going to mean a move away from the concept of general practitioners being independent contractors. To many this seems to be inevitable in the long run, but there are many others who are jealous of their independence.

Those of us who were looking for concrete proposals for a reduction in work load are sadly disillusioned. A fundamental requirement is adequate time for every patient. This time cannot be made available unless patients who seek consultations without good reason can be dissuaded.

There is another danger. We are treated as "money-grabbers" by the popular press. If we are dissatisfied with the price decided by the Review Body next year, how can we avoid the accusation that we are interested in pay only?

One final thought. Does this document contain any assurance that recruitment of general practitioners will improve?—I am, etc.,

Hornchurch, Essex.

R. G. TROUP.

SIR,—Lest I should be thought to be a "boat-rocker," I intend to vote for acceptance of the Minister's proposals, but I find one or two features disturbing.

First, analysis of a year's attendance on 100 consecutive under-65s and 100 consecutive over-65s in my practice shows that elder citizens require very nearly *twice* as many services as the younger ones; and, since more

of them are services at home, probably a fairer distribution of capitation fees would be a *double* fee (not a fee and a third) for patients over 65.

Secondly, since most night calls are due to either climatic or industrial conditions, which are belatedly to be compensated by extra payments, or to the age of the patient, which is similarly to be rewarded, the submitting of extra claims is, to my mind, unnecessary and only involves extra administrative burdens on the general practitioner, the executive councils, and probably the local medical committee.

Thirdly, will not the direct repayment of rent and rates tend to drive general practitioners into more central (and more expensive) accommodation in the search for more patients? Why not a total repayment, on a capitation basis, of all *proved* practice expenses, up to a maximum which ensures that 80% to 90% of all general practitioners are repaid in full, and those who want to run their practices expensively shall foot the extra themselves. Under the Minister's present proposals a subsidy may be made to a largely private practice.—I am, etc.,

Littlehampton, Sussex.

J. GREENWOOD.

Deputizing Services

SIR,—Dr. Arthur Bane distorts fact in his attack upon the British Medical Association (9 October, p. 882). The Charter, in referring to night and week-end work, stated specifically that doctors accept the moral responsibility of providing service whenever it is needed, acknowledged the difficulty for the doctor of always fulfilling this obligation personally, recognized the value of rota and emergency deputizing services, and sought no more than the right of relief from *contractual obligation* in this matter. In fact, an offer of such relief has been achieved during the recent negotiations with the Government, and the creation of the B.M.A. Emergency Treatment Service is in no sense incompatible with the Charter.

Dr. Bane is also apparently unaware that the Government rejected an opportunity to provide an emergency treatment service themselves earlier this year. Does he suggest that in such circumstances the B.M.A. should have done nothing to protect the interests of family doctors? If so, how does he justify the continuance of his own organization?

Dr. Bane accuses the B.M.A. of "resort to the commercial practice of conditional selling in offering its proposed new service on cheaper terms to members." The practice of offering services either exclusively or at concessionary rates to members is no new feature of B.M.A. policy and is a custom shared with many other reputable organizations, for which no apology is necessary. In this instance it is only the Telephone Answering Service which is offered on cheaper terms to B.M.A. members; deputizing services are available to all at the same price.

Dr. Bane castigates the B.M.A. for compelling doctors to pay for use of its Emergency Treatment Service. One might imagine from his words that the London Emergency Call Service is provided free. In fact, their charges are higher than ours. Furthermore, our locums are selected exclusively by local advisory committees which