modular building for the use of the contract firm whenever a hospital was unable to provide a suitable area. The minister gave my scheme his blessing and suggested that I should write to all the regional health authority chairmen, detailing the scheme and inviting them to give it serious consideration.

I wrote round in April 1983 and by the end of June had 10 acknowledgments. Three asked for further details, one invited me to a meeting which I later attended to no effect, three said that they had already injected funds into their renal replacement programme, and the other three were adamant that they had sufficient facilities and all was well in their world. Only one of the 10 replied to my request to know the cost of their present programme and was very pleased to be able to tell me that the hospital dialysis programme ran somewhere between £7000 and £11 000 a patient annually. The figure I had quoted on behalf of the contract dialysis company of £60 per dialysis did not seem to be sufficiently attractive to warrant further inquiry but, except in the case of one regional health authority, remained unchallenged. Having no satisfaction from the chairmen, I next wrote round to all the renal unit directors drawing attention to my scheme and sending them copies of the correspondence that had passed between their chairman and myself. I wrote: "Knowing how very slowly the wheels of the regional health authorities turn, I thought I should give you details of my proposed scheme and hope so much that if you yourself are interested you will contact me and give me an opportunity of helping you to achieve more facilities for your patients at lower cost." A few of the doctors wrote back asking for further details, which they received, but in the main the response was disappointing.

Why is there this lack of interest? Over the next months I talked and listened and wrote letters and received replies, and I began to realise that there were several reasons.

The conservative, unadventurous attitude of those concerned was one. Do not disturb the status quo no matter how unsatisfactory. The idea that a contractural company, making a profit, could offer dialysis more cheaply than the health authority was both unthinkable and unacceptable. Moreover, to entertain the idea of a contractural company might surely hint at acknowledgment of inefficiency on the part of the hospital administrators and the renal unit staff. Yet, given that the health service is not in the business of dialysis to make a profit, it is interesting to note the variation in the charges made to overseas visitors having dialysis in NHS units. For example, hospital A charges £75 per patient per dialysis, B £90, C £105, and D £131. The keenest price that the company that I am working with at the moment could offer is £60 per treatment per patient based on a minimum number of 288 dialyses a month.

The problem again

I find it unthinkable that when Britain is offering treatment to fewer patients in need than almost any other country in the civilised world any feasible proposition put forward should not be given proper consideration. Find me a courageous health authority with foresight which can get together with its renal physicians and mount a pilot scheme. At present the Department of Health and Social Security blames the regional health authorities, the regional health authorities blame the department, and the renal physicians say the fault lies with their regional health authorities and the government. All are blameless; no one will shoulder the responsibility for the lives of the patients—and no one, it seems, is prepared to carry the responsibility for their death. Until the time arrives when the health service gives priority to life—and a reasonable quality of life at that—and the renal physicians get up in arms and demand proper and adequate facilities, this tragic, wicked waste of life will continue.

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The changing image of doctors

When people are asked to say which professionals command the most respect they usually put doctors at the top of the list—above clergymen and lawyers. Asked for adjectives to describe doctors they will choose ones like honest, reliable, and trustworthy. This respect goes beyond an appreciation of the special technical skills of doctors; they are seen as men and women of good character, whose priority is—or should be—the good of their patients. This is why, for instance, doctors, are allowed to sign passport forms and why a reference from a doctor is much valued. Such special respect is important to doctors not because it boosts their own esteem, which it undoubtedly does, but because it has practical value in their professional work. At the simplest level trust is essential for home visiting or gynaecological examination in general practice; more fundamentally a patient and his family need to believe their doctor when he or she says some course of action is essential.

So we should be concerned then that the image of doctors seems to be sinking. Part of this decline may be spurious; just as for years when the clergy were seen to have power anticlericalism was the fashion, so today it is the doctors' turn. Nevertheless, the fact is real and this may be attributed both to individuals and to the whole profession. Firstly, we seem to have seen more doctors than usual in the dock recently with convictions for murder, theft, and fraud. Secondly, several NHS hospitals have been investigating failures by consultants to make proper use of pay beds, while in the primary care sector the number of service committee hearings has been increasing. These two phenomena may have contributed to what is rumoured to be increasing disenchantment with doctors among both civil servants and ministers at the Department of Health and Social Security.

Next, we have had an unseemly debate over deputising services, and some members of the public have come to believe that many general practitioners in inner cities rush through their surgeries, lock their doors, switch over to the deputising service, and then take off for their comfortable suburban homes. The recent splash of publicity over the false idea that general practitioners work only half a week will have embellished this idea. Nor will the continuing publicity over dubious relationships between doctors and drug companies have done anything but harm. Doctors got off lightly

in *Panorama*'s programmes in the wake of the banning of benoxaprofen, but the idea is abroad that doctors are too easily influenced by drug companies' hospitality, travel, and gifts. The current investigation by the Royal College of Physicians into the relations between doctors and the drug companies will at least show that the public's worries are being taken seriously. Finally, there is an undoubted reaction among the public against the expert—and doctors have suffered along with architects, engineers, and nuclear scientists from this backlash. Patients and their relatives are worried and sometimes angry that doctors retreat behind technical and institutional barriers, giving the impression that the profession no longer cares for patients as individuals but sees them only as interesting or trivial or chronic cases.

But do all these factors add up to a sinking image? Sadly, they might, because image, as any politician will agree, may not have much to do with reality. The stories of lazy general practitioners, dishonest consultants, and uncaring doctors may have been grotesquely exaggerated, but they can still take root in the public mind. Indeed, the fact that they have been published at all shows that editors think that the public is ready and waiting to hear such tales. And image is unfair; as Mark Twain put it, "Once you have a reputation for being an early riser you can sleep into noon every day." Sadly, it also works the other way: if the medical profession's image becomes any more tarnished then people might cease to notice the hard work and dedication of most doctors. Already this has happened to some extent in the United States and Australia, where some doctors seem willing to accept that their huge earnings have a cost—that of being seen as uncaring moneygrabbers.

Some of the changes in the medical image are welcome. The growing realisation that doctors are fallible and do not know everything will bring benefits—it may, for example, persuade patients to take more responsibility for their own health. Doctors themselves are slowly accepting the importance of audit and objective appraisals of their treatments. But on the other side constant erosion of the public belief that doctors are honest and trustworthy could damage the profession. Patients need to be able to believe their doctor, for example, when he says that a disease is incurable, that he will be able to help in many ways, but that eventually it will cause death—otherwise they will become prey to all sorts of charlatans. Patients need to be convinced that their doctor has prescribed a drug because he believes it is the best choice and not because it is the best promoted or because he is getting a backhander from a drug company. Already in the United States many patients are commonly asking for a second opinion before undergoing an elective operation.

The central issue is that doctors must recognise the need to be above suspicion in their public persona—and this attitude should be taught at medical school without apology and despite its apparent incompatibility with current mores. Once lost, our reputation for integrity cannot ever be restored to its original sheen; like Humpty Dumpty, one fall will be enough.