

gress and sponsored by the health department, it reflects the work of the professor's team at Harvard Public Health School. It is based on surveying 2000 doctors in 18 specialties and then extrapolating to 3000 procedures. These were subsequently classified on a relative value scale according to time spent, mental effort, judgment, technical skill, physical effort, psychological stress, time spent in training. It is a complex work, highly praised, released at a splendid press conference, and published in detail in *JAMA* and in the *New England Journal of Medicine*. It does not, however, take into consideration experience, native skill, or talent. Though claimed to be non-monetary, it could easily be adapted to a weighted payment system.

If put into effect it could change income by

40-70% in each direction. A thoracic surgeon's earnings could go from \$350 000 to \$200 000, a general practitioner's from \$50 000 to \$80 000. Response was enthusiastic from internists and general practitioners, cool from radiologists and pathologists, even icier from surgeons, who said that they spent more time, required more skill, and paid malpractice premiums from five to 10 times higher than the internists did. The American Medical Association came out in support of the plan. Not everybody agreed but all praised the effort, especially the government officials. Yet Medicare's chief, while sympathetic to addressing perceived iniquities, remained doubtful. Though agreeing in principle that the present system was weighted in favour of procedures, he worried

that major changes in reimbursement could limit access to care for Medicare patients, or lead to secondary changes in the frequency or intensity of services that might further inflate the present \$24 million annual doctors' bill to Medicare. Furthermore, he noted that the relative value scale system did not take into consideration the benefits or appropriateness of certain services or procedures. He also questioned whether it was worth while making an effort to change the fee structure when the main problem, that of rising costs, remained unaddressed. He also pointed out that the government had other options, including lowering fees for operations and procedures, without raising internists' fees. Which is what some of the cynics had foreseen all along.

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## PERSONAL VIEW

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### Jagged edge

The weekend was proceeding as usual. Friday had been busy with the hospital acting as a repository for the over 85 year old referrals from the Emergency Bed Service. An emergency appendectomy and the oversew of a perforated duodenal ulcer allowed four hours of sleep before the ward round the next morning. The surgical team eventually settled down to watch the deciding set of the 1988 Wimbledon women's tennis final in the sister's office. The result was a popular one, but was accompanied by a sound like that of a metal bed pan falling to the floor somewhere on the ward. Several loud shouts of abuse seemed over the top even for the most ardent Martina Navratilova fan. Within seconds the normally placid domestic had rushed through the door and slammed it shut, her ample frame leaning heavily on it.

"There's a man outside with two big knives attacking patients on the ward." Our first reaction was one of disbelief, but the look in her eye communicated the truth. The second reaction was one of self preservation. "Oh good, then we'll stay here," immediately sprang to my lips. Chided into action by the houseman, who looked as though he could run faster than me, we cautiously went into the corridor. Cluttered around the nurses' station were an assortment of mobile patients and nurses. Advancing towards us was a man clutching two large knives.

My houseman was thinking fast and responded to the staff nurse's call for help further down the ward, giving a wide berth to the assailant. Several questions sprang to mind as I walked towards him. What does the nursing process say about occasions like this? Should Kung Fu be part of the higher surgical training? Does this white coat contain enough starch to deflect a blow to the forearm?

My thoughts were interrupted by the

gentleman holding the blood stained machete with blood pouring from a cut on his head. From a distance of two yards it was apparent that the adrenalin was flowing. Wide eyed, pupils dilated, hyperventilating, shaking with every movement, he shouted "I'm not a madman." He could obviously see my negative reaction as to the validity of this statement for he repeated it, adding that it was only one particular person that he had attacked.

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"Come with me," I said confidently, and turned round and walked back to the office. I was conscious of two things during the 20 yards' walk. The first was of frightened faces peering out of doorways, keeping their distance. The second was that despite his verbal assurances as to his sanity he still had the machetes and was walking behind me.

With relief I opened the door unscathed and ushered him inside in time to see a tearful Steffi Graf accept her prize. He put the blades down on the coffee table and started pacing up and down. "Have you got a cigarette? Have you got something to wipe the blood off my forehead?" I left for the kitchen after giving him firm instructions to stay put. I obtained a swab from a blood splattered staff nurse, who assured me that security staff were on the way, and two cigarettes—one from the domestic and one from a passing cook. I had to go back for the lighter.

I listened intently to the events leading up

to the assault, always aware of how long the security guards were taking. It seemed polite not to interrupt with idle thoughts about the standard of England's cricket team or the end of the Navratilova era. At last two burly chaps arrived and I left to assess the victim.

It was not immediately apparent who the victim was. A large man was lying on the bed belonging to the lady who had undergone a paraumbilical hernia repair some two days before. A drip was attached to his right arm and large quantities of blood were oozing from bandages on his left arm. Applying pressure was the houseman. More absorbent pads and bandages were applied. The girl in the next bed was covered in blood from head to toe. The head of the bed had been broken off and was lying against the wall, which was covered liberally with palm prints of blood. The scene was reminiscent of the shower incident in *Psycho*. Although seemingly catatonic, the girl assured with a frail shake of the head that she had suffered no physical injury. The drip pole that had been used in self defence to inflict the head injury was lying on the floor. A frightened child, wide eyed and mute was clutching a teddy bear. The lady in bed on the other side was sleeping soundly.

Back to the victim: most of the bleeding had stopped. The medial extensor muscles of the forearm had been severed to the bone. The orthopaedic registrar was called, more pads and bandages applied, and as a final anchorage, the arm was secured to a drip stand attached firmly to the bed.

The nursing officer arrived 10 minutes later and the police 20 minutes after that. Statements were taken, dirty linen was changed, and supper was served. The two participants were escorted off to be charged and to the orthopaedic wards respectively. It all left me wondering what the result of the men's doubles final was.