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RESPONSE

"Being removed without knowing why is very distressing"

Rafat Saeed lives in west London and has had difficulties finding a GP.

As I was reading the study by Stokes and colleagues, I was astonished at how familiar it all seemed, that there may be other people who have gone through the same ordeal and process as I have. I was rejected once by a GP, and that could have affected chances of finding another general practitioner.

My family and I have learnt that services in the London suburbs are very limited. I found the study very easy to comprehend, and a lot of it is based on fact about people's encounters with GPs and the ordeal that they go through. There should not be any discrimination once a patient is reallocated, but due to a lack of communication and help, discrimination takes place. There should be a medical body just like the CHC (community health council) so that patients can approach other patients who have been affected by this form of behaviour and feel distressed or victimised. These patients should help each other because being removed without knowing why is very distressing and most upsetting. I have learnt that in Hounslow and similar areas nearby, the way in which health care is being run should be looked at very closely. Where I live in the London suburbs, there is no local GP. This is appalling and shocking.

I can use the information from the study, which is based upon other people's experiences, together with my own experience. Although every case is unique, one can use the information to understand that GPs too have problems in coping with patients. As a patient, I will be able to identify when I am stepping out of line and when my GP is showing me attitude. What I have learnt is that the patient is always right and GPs abuse their power by removing someone because that is the only thing that they are able to do. But then patients have to carry the burden of being tagged as "I was removed by a GP."

This tag is the penalty for being removed in the first instance, and it is very easy for a doctor to blacklist a patient through the Family Health Services Authority. But what channel does a patient use to blacklist a GP?

I moved to Hounslow a year ago, and have found that the council ward I live in, Hounslow Heath, has no GP. We have to go quite a distance in order to see a GP and even then are told that the lists are closed. A lot of disabled people and ill people have to take mini-cabs when visiting their GP, which is wrong. Someone somewhere needs to get involved and help us.

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In a society where responsible people do not seek to burden their doctors with trivial matters—and, indeed, endeavour to treat themselves—there may well be a modicum of malingerers whose time-wasting activities must be addressed.

The research echoes many conversations with patients during my 40 years in the nursing profession and, recently, eight years serving Lichfield community health council. Those conversations revealed the depth of feelings of anger, concern, fear, and frustration following the apparently mandatory removal from their GP's list.

Some patients felt that they had been reduced to the status of second class citizens and simply had no redress in a situation over which they had no control, no information as to their alternatives, and fear they had been labelled as a "difficult" patient by a new doctor. The patient advisory liaison service (PALS) system, where the practice receives and reviews patients' complaints, may well deepen suspicion and, far from alleviating patients' fears, may well aggravate the situation in which patients find themselves.

Despite the new concept of public involvement in the modern health service, the divide between doctor and patient still seems to exist. The research shows that there have always been unwritten rules of behaviour on both sides. The doctor may feel that those rules have been broken, but the patient fails to understand why such drastic action has been taken.

The process of removal cuts the patient adrift, and there ought to be an intermediary equipped to explain the seriousness of the situation to both patient and doctor. The practice of an arbitrary notification signed by someone in the system should cease.

The research brings into the conscious arena the unspoken and unwritten rules which underpin general practitioners' practice. These rules are known to the practice but, sadly, in most cases they are not known to the patient. Patients must be included in the process before removal. The research reveals the emotional experiences of the patients in a sympathetic way, and also how difficult some of the complex issues involved can be.

This research ought to be used in both medical and nursing education to teach about relationships and their possible breakdown. When patients' forums are formed in the future, this will represent excellent research for discussion, and the newly formed health and overview scrutiny committees ought to be interested in using this as a local authority discussion document.

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