medical press. General practitioners who participate fully in the new primary care structures and embrace clinical governance can secure the position of independent contractors while arguing for the resources needed to continue the development of general practice.

There is nothing in the new NHS arrangements that necessarily finishes off the independent contractor. Any government could do it more directly by abolishing the independent contractor status and imposing a salaried service. General practitioners must ensure

that this does not happen by default or through apathy or misunderstanding.—Roger Chapman

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AGAINST Despite our independent contractor status, general practitioners are public servants in the public sector. As a profession we have enjoyed the respect and gratitude of our patients. Most general practitioners enjoy stable, well rewarded, lifelong jobs. In return general practitioners have worked hard, increasingly hard. We have provided a “cradle to grave” service, 24 hours a day, 365 days a year, while maintaining the professionalism and dedication required to give patients the best services possible. Unfortunately, that unwritten contract between general practitioners and the public is no longer enough for either party. The general public will no longer blindly accept the word of doctors. Patients quite rightly expect their general practitioners to have up to date knowledge of them and their problems and of appropriate solutions supported by evidence.

Our independent contractor status does not define us. The essence of being a general practitioner is the ability to listen and to hear what patients are saying and to investigate, prescribe, refer, and manage patients who are, or believe themselves to be, ill. Our awareness of local variations and, most importantly, our knowledge of individual patients within the context of their families and communities are our defining attributes. This is why we are important advocates and allies for our patients. We can be an important source of information to the new primary care structures and the wider networks of health and social care. We and the public should defend these attributes rather than the holy grail of independent contractor status. Attributing too much importance to contractor status could imply that the many non-principals,

assistants, and salaried doctors, who increasingly provide high quality care in many practices, are second class general practitioners.

Together with the BMA's General Practitioners Committee, the Royal College of General Practitioners, and the public we seek to serve, the profession should define for itself the art of being a general practitioner. We have to negotiate for satisfying and high quality training, a new career structure, and appropriate rewards. We have to accept and welcome the checks and balances in our practice demanded by both government and public. We face working with a new system of revalidation, a national institute for clinical excellence to dispense direction through clinical guidelines, and a commission for health improvement to check that we follow that direction. At the same time, the profession is trying to stem a drop in recruitment to training schemes and a perceived fall in general practitioners' morale.

Whether we like it or not, the world of general practice is changing. Fighting too hard to protect our contractual status may mean that we lose sight of the real essence of generalist practice that is so valued by general practitioners, the NHS, and the general public.—Helen Groom

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Observing patients Deaf wife

Years ago in my consulting room I was seeing an old patient for his regular six monthly review, and was pleased when my receptionist sent in his wife as I had never met any of his relatives. During the usual questioning I addressed odd remarks and questions to her which elicited no response. In his notes I then wrote “deaf wife.” After a physical examination, an electrocardiogram, and an x ray examination I bade him goodbye and noted that the wife remained seated. I inquired if she was not going to accompany her husband? She then spoke up to say, “I am not his wife, but your next patient. I was fascinated to see the whole procedure, but have one complaint. Next time could you provide a better male specimen, someone like Paul Newman?”

Edwin Besterman, consultant cardiologist, University of the West Indies, Kingston, Jamaica

We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for “Endpieces,” consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.