Letter from Westminster

MPs call some doctors to task

WILLIAM RUSSELL

The medical profession's favourite reason for not doing what the politicians would like—clinical judgment—came under attack during the Commons debate on the Queen's Speech. Dr Brian Mawhinney, Conservative MP for Peterborough, and senior lecturer at the Royal Free Hospital School of Medicine, talking about the cost of running the National Health Service, said that while it had to be made more efficient and more effective it could not be done for ever at the expense of the paramedics and the ancillary workers. Governments had to tackle the medical profession as well.

He said that doctors instituted the spending process and wrote the pieces of paper that concerned all the other services and their spending, and governments had to come face to face with the problem. His message was blunt. The profession had had its own way for too long.

"I regret that we lost yet another round to the consultants over their contracts," he said. "They would have been much more willing to listen to reason if those contracts had been held at district authority level, but we have lost that battle. Until a more determined emphasis on physical diagnosis is applied to doctors in place of this scattering of, and battery of tests, which they can call upon, in many cases simply to save them doing a thorough diagnosis themselves, expenditure will be out of control."

The same applied to drug prescribing, he added. Many drugs would be just as effective at half or even quarter the cost of a physician's favourite drug. "Clinical judgment" was a catchphrase in the NHS that covered a multitude of sins, and until ministers came to terms with the fact that doctors would use it to get away from making hard and responsible decisions on some if not all occasions then neither they nor the Commons could control NHS spending.

Mr Andrew Bennett, Labour MP for Stockport, had an equally tough message for the profession, particularly about the way some doctors deal with elderly patients. Drawing on experience in his own constituency, he said that there were good family doctors, who cared well for the elderly, but there were also bad ones. The difficulty was that the good ones were getting an increasing proportion of elderly patients on their lists when what they needed was much smaller lists. "The trouble with the vast majority of elderly people is that they are doing their own doctoring," he claimed. "They observe the effects of the drugs prescribed by the doctors. They go back to the doctor, often not to the doctor but his receptionist, and say, 'The pills that you gave me last week seem to have worked. Please, can I have some more?' The doctors are not observing how the patients have responded to the drugs. Patients themselves make the observations."

He claimed to know elderly people who had been on a course of drugs for five or six years and went back time and again to the doctor asking for the same prescription. People were often, as a result, prescribed drugs for which the basic reason had disappeared, and sometimes when they were taken into hospital and the dosage sorted out it was found that what seemed to be senile dementia was nothing more than the wrong dosage of drugs.

The Government had to spend more money on facilities for the elderly and to ensure that doctors had fewer elderly people on their lists so that they could give them better treatment.

The debate was preceded by the autumn economic statement by Sir Geoffrey Howe, Chancellor of the Exchequer, which set out the Government's spending plans for 1983-4. This included an extra £80m for health. About £3m will go towards improving primary care in the inner cities. Mr Kenneth Clarke, the Health Minister, is anxious to do something to improve the position in the inner cities as identified in the Acheson Report, but the demands of the pay dispute and the public spending round have delayed any action, quite apart from the profession's reluctance to speed the process.

Encouraging early retirement

Some of the money will be spent on grants to help improve surgeries and doctors' premises, and some to induce elderly GPs to retire gracefully. It will take the form of some kind of ad hoc ex gratia payment that will recognise the fact that the doctors concerned are being asked to retire from practice, something that they would not have taken into account when embarking on their careers. Mr Clarke is against the idea of imposing a retirement age of 65 on the profession but he would like doctors to retire perhaps at 74 like judges do. It is considered a reasonable age for people engaged in a non-manual professional job to call it quits. Just how to prevent things building up all over again as GPs age is a problem, but if more group practices could be set up in the inner cities, in place of the singlehanded practices, the pressure on old doctors to go would come from within the group. About £5m of the money will go towards growth, though the fact that inflation is due to fall to around 5% next year should mean that there will be more growth money than that.

Lastly, there was a really dusty answer from the Health Minister to the Social Services Select Committee's report on medical education. Mr Clarke apparently reckons that the select committee leapt on the bandwagon and swallowed without a murmur the more outrageous allegations by the university medical schools about the effect on medical education of the cuts announced by the University Grants Committee, and that its findings were not supported by the evidence it received. The response to the report says that the Government believes that the effects on clinical services of the reduction in university funded medical posts are likely to be marginal, and dismisses as serving no useful purpose the committee's call for a review of the financial arrangements underlying university medical education. It goes on to accuse the universities of submitting evidence before they had time to develop manpower plans or to complete their discussions with health authorities, and concludes that the authorities are not finding the problems resulting from the reduction unmanageable. Ministers reckon that there are no grounds for allowing the university medical schools the exemption from financial stringencies that they have enjoyed in the past and make clear that the latest information does not support the bleak future that the committee anticipated. The committee has had a good record in getting its reports endorsed by ministers, but this time it really has come a cropper.