Letter from Westminster

Professional "pussyfooting" on clinical complaints

WILLIAM RUSSELL

It will be interesting to find out whether the proposals drawn up by the Joint Consultants Committee on an alternative way of dealing with complaints about clinical judgment to that of submitting them to the Ombudsman find favour with MPs or even the DHSS (2 February, p 342). There is certainly a feeling at Westminster that there has been some "pussyfooting" going on and the JCC's proposals, which have yet to reach the Health Ministers, do lack the degree of independence the politicians want. It may be a case of "Physician heal thyself," so far as the profession is concerned, but Political Man is always suspicious of attempts

by Professional Man to oversee his own activities. The idea of an outsider—the Ombudsman—doing the job is inherently attractive.

On Wednesday, 12 March Jack Ashley, Labour MP for Stoke on Trent, is introducing a Bill to extend the remit of the Health Service Commissioner to include complaints about clinical judgment. The Bill, introduced under the 10-minute rule procedure, will never become law, which is just as well because the BMA and the profession at large are totally opposed to the idea. It will not reach the statute book because the 10-minute rule Bill is really a parliamentary device to allow backbenchers to raise topics they think deserve legislation and, if they are lucky, to secure a vote on it—that is, if somebody opposes them. If they are even luckier the vote may endorse their proposal, thus adding weight to subsequent demands that governments should do something. Whether that will happen in Mr Ashley's case I do not know. But what he is proposing is attractive to many MPs who think the issue has dragged on quite long enough. The point is that most of the complaints they pass to the Ombudsman are about matters of clinical judgment. This was made clear by the Ombudsman, Mr M C Clothier, when he gave evidence the other day to the select committee to which he is responsible on his report for 1978-9.

From the point of view of an MP, the fact that the remit does not extend to clinical judgment is a nuisance since it means that instead of being able to pass the buck he finds himself having to find some other means of trying to satisfy a querulous constituent. Mr Anthony Buck, Conservative MP for Colchester, chairman of the select committee, went out of his way to make clear that he thought something ought to be done before too long. He said that the DHSS's request to the profession to come up with suggestions of its own, having rejected those from the committee, was reasonable. The matter, he added, should not be allowed to hang fire for ever since it had been mulled over for some time already.

Mr Ashley, a formidable Commons campaigner, thinks that patients with complaints against doctors are entitled to have them investigated by an independent authority and that there is no justification for excluding one category of complaints from being looked at by the Ombudsman. He also considers it wrong that matters of personal concern should be shrouded beneath that mysterious and impenetrable veil called "clinical judgment." He believes that sound clinical judgment will withstand im-

partial investigation and that if decisions are made that prove to have been mistaken but reasonable at the time of taking them they should be respected. MPs do recognise the difficulties the profession faces, particularly the fears that handing such complaints over to the Ombudsman will open the door to "defensive medicine" and to the risk that a complaint to the Ombudsman is simply a "dry run" for subsequent litigation. The profession will, of course, argue that what it has submitted to the DHSS fills the bill. Certainly it is now up to the DHSS to get a move on and extract a response from ministers. If, however, the JCC's proposals are found wanting the pressure to hand things over to the Ombudsman is bound to increase and could become irresistible.

Computerising prescribing habits

The problem of overprescribing is one which ministers are bound to turn their attention in these days of straitened resources. A lot of money can, after all, be saved by making sure that doctors do not indulge in excessive prescribing. Three years ago the DHSS commissioned a feasibility study after a report found that computerisation could lead to substantial savings if applied to the work of the NHS prescription pricing authorities. According to Sir Douglas Henley, Comptroller and Auditor General, the report is expected to be finished in the autumn.

In his report to the DHSS he said that giving doctors full, regular, and prompt information on their prescribing habits would lead, it was believed, to substantial savings. One way of providing this information is by using computers. Sir Douglas said that during 1978 regional medical officers in England and Wales received information on 1670 medical practices which had exceeded area average costs by over a quarter and followed up prescribing methods with 998 doctors. A statistical analysis by his staff, based on a large sample of family practitioner committees in England and Wales, had indicated that over three years to 1978 400 practices could have persistently incurred such above-average costs. In Scotland reports to area medical committees showed 101 instances in respect of 85 doctors where costs exceeded the area average by over a half.

An early Commons debate on the Flowers Report seems unlikely. No sooner had it been published than the inevitable people—Laurie Pavitt, Labour MP for Brent South; Renée Short, Labour MP for Wolverhampton North East; and the tireless Mr Ashley—were on their feet telling the Leader of the House, Norman St John-Stevas, just how vital it was for MPs to have their say. Mr Pavitt also wanted a speedy statement from the Social Services Secretary, Patrick Jenkin. Otherwise, he claimed, morale in the hospitals affected would be seriously undermined. The Leader of the House, who has a tendency to savour his words, said Mr Jenkin was concerning himself with the matter—whatever that might mean—and that the request for the debate was "premature." He actually said it twice, so pleased did he seem with the sound of the word. In due course, however, the House will probably get round to it.

WILLIAM RUSSELL is political correspondent to the *Glasgow Herald*