Setting an example

SIR,—We had expected that Dr R R Charlwood's letter (18 March, p 722) might have been answered by a better pen than ours. In suggesting that our negotiators should settle within the 10% guidelines he asks that we should "not be more militant than the miners." We would be able to agree with him if the Government showed any indication of their intention to treat us as they did the miners. If our memory serves us correctly that group of workers quietly agreed (well, fairly quietly) a productivity scheme which allowed 10 or 15 or 20% (or was it £20 a week?) in extra pay. At the time some newspapers suggested that little extra work would be involved; as to the truth of that suggestion we have no means of knowing. When the dust had settled, more or less, the miners' leaders, as a generous concession to the nation, settled for 10%—an extra 10%.

From the entry against his name in the *Medical Directory* it appears that Dr Charlwood may have been in general practice as a principal for the best part of 20 years. He might care to spare a thought for his near-contemporaries, the "younger" consultants who have been in post for less than 10 years. For our families the purchase of a house after, rather than before, the great inflation of 1972 has determined the size of the mortgage and in consequence our financial position for a generation.

Whatever one may think of the behaviour of politicians, of whichever party, in the recent past, Mr Heath at least made one true remark in 1974 when he said, "Inflation will destroy our national institutions." For us and our family inflation and associated pay policies have destroyed the institution of consultant practice in the NHS. This surely applies to very many "younger" consultants and their families.

Two or three years ago Mr Ennals claimed to look forward to building "a new and understanding relationship with the medical profession." We are simply dying to hear what this means in the hope that it will not be necessary for us to be as militant as the miners, let alone more so. As with individuals, Governments reap as they sow.

JULIAN ELKINGTON
GILLIAN ELKINGTON

Heswall,
Wirral, Merseyside

Economy in drug prescribing

SIR,—It is both wise and timely to attempt to dissuade patients from "asking for patent medicines they can buy from a pharmacy" (29 April, p 1159). The Health Education Council's nationwide campaign aimed at educating the public about the role of the doctor is therefore very welcome. But is this campaign going to achieve anything worth while?

Many people are given prescriptions for patent medicines because they ask for them. Most people know that they can buy these preparations from a pharmacy, but with an NHS prescription they do not cost quite as much. In these circumstances we must ask ourselves whether gentle persuasion is going to make any appreciable difference. Would it not have been more appropriate and more significant for the HEC's campaign to have focused on the financial problems of the NHS? Would it not have been preferable to have

given the public the unequivocal message that it cannot have cough medicines and kidney machines, laxatives and premature baby units, or antacids and coronary bypass surgery?

And what of the sinister overtones of the announcement from the Secretary of State for Health and Dr James Cameron of the BMA? General practitioners are asked to "dissuade" patients from asking for patent medicines "on the NHS." Presumably this means that the GP is to use his discretion as to when to use such "dissuasion" and when to comply with the patients' wishes. Although we will all accept the doctor's responsibility for using the cheapest effective means of curing or alleviating a patient's complaint, can we accept this new task? We are actually being asked to use our discretion over patients' abilities to pay for a preparation. This is budgeting, not cost-effectiveness; it is substantially different from our traditional role. What guidelines do we use to refuse cough medicine to one patient while we continue to offer it to others?

Unless and until the Department of Health and Social Security is willing to issue a clear directive to the effect that the NHS will no longer subsidise the purchase of patent medicines I am not prepared to adopt such a discriminating policy towards my patients. Unless the profession wishes to change the quality of the doctor-patient relationship which we have for many years struggled to develop to its current high level we should loudly state our opposition to this non-policy.

JOHN D WILLIAMSON

Barnsley, S Yorks

SIR,—Following on the correspondence regarding the request for a reduction in general practitioner prescribing (13 May, p 1285) I was somewhat nonplussed to receive, only a few days after the joint Ennals/Cameron communication (29 April, p 1159), a notice stating that I could now prescribe thermometers for family planning use on FP10.

Previously I would have advised on the "rhythm" method of contraception and not considered claiming a fee; it would thus have cost the woman 84p for her thermometer. If I write a script for this thermometer and issue a book of 12 months' temperature charts I should then be obliged to claim for contraceptive services; I have checked with my local pharmacist and the 84p thermometer would cost the NHS 80p from him, but in addition to this I should have received £3.50 for my contraceptive fee.

I fail to see how this type of "economy" encourages any practitioner to consider that the Department is really serious.

D SAPSFORD

Ashford, Kent

Future of British anaesthetics

SIR,—Dr P K Schütte (6 May, p 1227) suggests that a more stable hospital staffing structure would evolve if more general practitioners were encouraged to take part in hospital practice. We entirely agree that the present hierarchical system is unbalanced and cannot persist indefinitely. Junior posts should be related solely to the need to train

future general practitioners, hospital practitioners, and consultants.

Unlike him, however, we do not see that this grade is peculiarly appropriate in anaesthesia, a specialty in which immediate availability, even at night, is going to be essential if general practitioners are to replace registrars to a significant extent. The steady proliferation of deputising services suggests that this is an area of work which general practitioners already find difficult to cover. Nor can we accept that it is right to lower the standards of the hospital practitioner grade, as suggested, by substituting the DA for the FFARCS, which incidentally requires three years' training and not four years.

The hospital practitioner grade is particularly valuable to the hospital service since the practitioner is capable of working under indirect supervision and is able to deal with first-line emergencies. Dr Schütte maintains that the remuneration is unimportant, but every historical precedent suggests that without a sizable incentive this sort of work will not prove attractive.

M D VICKERS
M ROSEN

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Abuse of Form Med 3

SIR,—I completely agree with Dr A S Urquhart's feelings (6 May, p 1218). Form Med 3, as I have frequently stated in the past, is a waste of paper and a complete waste of a doctor's time to the detriment of patients who should and want to be seeing their doctor for a purely medical opinion and treatment.

However, although the form contains the words "for social security purposes only" and "send it without delay to the local Health and Social Security Office," and also "in confidence," the booklet "Guidance for General Medical Practitioners" (October 1976) issued by the Department of Health and Social Security, covering medical evidence for social security purposes states (p 10, para 33): "A patient . . . may if he chooses show it to his employer before it is forwarded to the Social Security Office."

JOHN M ANDERSON

Dundee

Pay of vocational trainees

SIR,—We note the Review Body's recommendations have again been published and we wish to voice our strongest condemnations regarding the recommendations for vocational trainees, and in particular those in their GP year.

Since the conception of vocational training schemes there has been a gross anomaly in pay, such that doctors entering their training year take a relative cut in salary—by as much as 30%—because they receive no units of medical time (UMTs). We now hear that in addition to this we as a group are to get a rise in salary of only 2%, less than any other group of doctors within the NHS. When is something going to be done to correct this iniquitous state of affairs?

M H OWEN
and 11 other vocational
trainees in general
practice

Plymouth General Hospitals,
Plymouth