Correspondence

Letters to the Editor should not exceed 500 words.

Charges for Patients

SIR,—I think it is unfortunate that in the recent discussions about charges for general medical services by general practitioners the words “deterrent” and “financial barrier” have been used so freely by the profession. It should have been obvious that the press would seize upon these terms and use them in the manner they have.

It is only because the existing capitation system is so stifling and lacking in incentive to do extra work, especially for trivialities, that many doctors have considered item-for-service payments. This is not a barrier or deterrent to medical care: it is a method whereby the income bears a direct relationship to the work done. If the State wants a universal “free” service it should be prepared to foot the bill for the work the doctors do, so let it subsidize the patient wholly or in part for the doctor’s fee. As things are to-day the demand for medical treatment is increasing, the work load is increasing, and the doctors’ income is limited. Only fools and idealists will enter general practice on those terms. The majority of us are neither of these. We like our work, our patients, our families, and our homes, and we would like time to enjoy all these things with the chance of something extra if we choose to work harder.

New medical schools and more doctors will not produce more general practitioners unless there is direction of manpower. Something other than an “average income” is required to attract recruits. It is not just money that has taken so many young men to Australia, New Zealand, and North America. An ambitious young doctor wants and needs intellectual and professional freedom to practise modern medicine, and in a capitalist society a chance of a better than “average income.” Would the legal profession, Mr. Barber included, accept a capitation system and an income predetermined by the State?

All Executive Council and doctors’ “lists” should be abolished and the patient should be completely free to choose his doctor as the need arises, and not have to fill in forms and ask permission if a change is desired. This would bring a healthier form of competition into being than the present head-hunting, and standards of work and service would surely rise above the present levels. It is time we in this country stopped referring to our National Health Service as the envy of the world and took a look at medical systems overseas. Maybe it is not too late to learn from our own mistakes and the ideas of others.—I am, etc.,

Crawley, Sussex.

W. M. E. TWEED.

SIR,—I am rather reluctant to add my quota to the rather heated correspondence about the proposal to charge patients a small, at the time, fee for services rendered. I am astonished at the shock and horror expressed

in some quarters at the suggestion. Is it considered immoral or sinful for lawyers, accountants, or veterinarians to accept a fee for a service? Speaking for myself, I confess it would assuage frustration somewhat if I knew I could charge a fee (whether I did so or not) to the patient who got me out at 2 a.m. for a quite needless and unjustifiable visit (a request for a certificate), or to the man who sent an urgent call, and, when found working in his garden, explained that he thought it better that I should use my car than that he should bother to get his out. Such things happen, as we all know, because we have an, *apparently*, free health service, and it is no use denying that they do happen. In this affluent society, hardly a day passes without some patient asking me, “What do I owe you, doctor?” and I am perfectly sure that most decent folk would be glad to pay for some part of the cost of their medical care—especially if it were made obvious that by shouldering some responsibility they would receive commensurate relief from taxation.

This is the hub of the whole problem. The party politicians, for political advantage, put their greedy hands into the citizens’ pockets, and in effect say, “We know, much better than you do, how to spend your money to the best advantage,” and then provide services which are extremely expensive and by no means as good as they might be. What a pity that we have no statesman who would realize that a country cannot be great unless its citizens are encouraged to shoulder their own responsibilities, and stand upon their own feet rather than upon somebody else’s. But perhaps we no longer breed statesmen. As for Dr. Bruce Cardew (15 August, p. 443), words almost fail me, but not quite. The picture “you and your pertinacious shadow” have painted of the N.H.S. has been a true and objective one. No wonder it was gloomy. Dr. C. M. Scott and Dr. A. M. Goldthorpe (29 August, p. 573) have no particular “hatred and contempt” for a national health service as such, but I think they may well have hatred and contempt for a politically pawned scheme which saves its (meagre) rewards for conveyor-belt medicine and wickedly penalizes work of high quality: I, too, have contempt for such a set-up.

Dr. Cardew says that “since 1913 insured workers have received medical attention free at the time.” So they did—but they paid insurance charges and were aware that they paid them, and if they failed to pay them they fell out of benefit. He implies that politicians would not like a scheme in which fees were charged. Of course they wouldn’t, because they wish to exercise control. So what? Are we to pander to party hacks, or are we to instruct them on the conditions upon which we are willing to take part in a national scheme for medical care? He says that if a fee per item of service were charged, the burden of work would not be reduced but would be increased. What evidence has he for this truly astonishing statement? He

obliquely suggests that G.P.s would be acting as tax collectors if they accepted fees. How completely disingenuous and untrue, for, if I understand the suggestion rightly, G.P.s would be entitled to keep the fees charged, and patients would be entitled to a parallel reduction in taxation.

The last thing which rather nauseates me about the whole discussion is the “holier-than-thou” attitude of some correspondents, who declaim that we should have a vocation for our work under the Government, and that anything else would be sinful. Of course we have a vocation for our work or we should not be doctors—but vocation alone doesn’t pay bills, nor does it necessarily make for a tolerable life.—I am, etc.,

A. VICTOR RUSSELL.

Wolverhampton, Staffs.

SIR,—Dr. Bruce Cardew (15 August, p. 443) does some petty sniping ostensibly at Conference decisions, but really aimed at the B.M.A. leadership he hopes to see replaced by a nascent Medical Practitioners’ Union. Such letters won’t help this lost cause.

Dr. Cardew asks what new factor justifies the reversal of policy on prescription charges. I contend that anyone with a finger on the pulse of peripheral opinion would have realized five years ago that B.M.A. opposition to charges was becoming steadily more unpopular—unpopular even with the M.P.U. members known to me. The new factor is the voice of peripheral opinion he has done more than his share to rouse. I am sorry he doesn’t like its noise, though he might be more grateful to the incompetent B.M.A. leadership which alone, it would appear, prevented this treasured bastion of M.P.U. policy from being stormed years ago.

The new voice seems to have shocked him to his reforming quick over charges for patients. Here, in deep and sincere indignation, he lashes his “opponents,” including even the *B.M.J.’s* Editor and the *Pertinax* most of us so much enjoy. I wonder which of *Pertinax’s* paragraphs sparked off the angry tirade. Could it have been the following from the 1 August issue (p. 309)?

“The N.H.S. gives all things to all men, free of charge. Something so good—so apparently good—must be true and beautiful. Therefore anyone who criticizes it or questions its principles must be wrong and bad. And if the givers of the service, the dispensers of the free pills and potions and certificates, question the method of paying for these, the press, on behalf of the public, will belabour the doctors and curse the name of the B.M.A.”

“This is all part of the game of life and living. It is action and reaction for progressive reactionaries like myself, and thesis and antithesis for the left-wing obsessives who love telling other people their business. But where the left-winger goes wrong, I think, is in believing that what he says is true. And he just can’t understand that the other man, the man who differs from him, may have a point of view worth considering and as conscientiously arrived at.”

It would be easy to answer Dr. Cardew’s arguments point by point—but it would also