Every package needs a government health warning

She lives in a nice house in a smart part of town. When she comes to see me she wears high boots and a coat with a mink collar and sits primly in the waiting room reading *Country Life*. She and I have two secrets. One is her age (mid-90s) and the other her income (none but her state pension). The house and coat were bought before she was widowed in the war, and she reads my magazines because she cannot afford her own.

She presented with a stiff neck (wear and tear, no doubt), so I referred her for physiotherapy. Six sessions cured her, but the problem recurred a year later, and the local NHS department did not have the resources to treat her repeatedly for a chronic problem. She was not disheartened. "Good job I've got

my health insured," she said. Unknown to me, she had been paying into a private scheme for the past nine years and was pleased to be able to make her first claim.

A few weeks later she appeared in the surgery with a handbag full of forms and a receipt from a reputable physiotherapist for a figure equivalent to two months' pension. She had continued the treatment as long as had been necessary, paid the bill from her savings, and assumed that the insurance company would reimburse the full amount.

Reading through her policy, I clearly saw that this lady was pouring money down the drain. She pays the cheapest premium option (a not insignificant amount, given the actuarial risks of approaching one's century), which allows her the occasional outpatient appointment, a selected menu of investigations and procedures, a contribution towards acute bed and board, and the same number of physiotherapy sessions that she received on the NHS. The small print of her policy cruelly excludes the one condition for which she might conceivably reap a benefit from her

payments, since she had a precancerous lesion removed a few years back.

Having broken the news that her policy covered less than a third of the cost of her recent course of treatment, I advised my patient to abandon the scheme and instead set aside some money each month towards any further physiotherapy bills. She could count on me, I promised, to fix the remainder of her medical care on the NHS.

"Oh, no," she said, "I couldn't stop the scheme. It's my security, you see, for when the government shuts down the health service."

A radio advertisement for private health insurance plays on this fear. For only so many pennies a day you can rest assured that your family's health will be protected, come what may. Politicians in their ivory towers who see private insurance as even a partial solution to the health needs of the elderly should visit the real world, where patients like mine turn off their heating and go without fresh fruit in order to pay for policies which are tailor made specifically to exclude their greatest medical needs.—

TRISHA GREENHALGH, general practitioner, London

A professional opinion?

A part from my neighbour's rampant hedge of *Cupressocyparoides leylandii* (die, you brutes, die, I find myself screaming), writing medicolegal reports is what I detest more than anything else in this world. It must be the closest thing to medical prostitution (with the honourable exception of executive health screens) that we've got. The bottom line, so to speak, is that if you pay us enough we will say whatever you want us to say, in whatever throaty tone you might desire, and how we interpret a medical history will depend not on our objective medical opinion, but rather on who is waving the fattest cheque book at us. In court we regularly hear one specialist argue that grey is white and another that grey is black, leaving it up to the judge to reasonably deduce that neither can be completely trusted and that grey is, in fact, grey.

The differing opinions provided by hired specialists in court are perhaps the most visible and disturbing evidence of the moral poverty of our profession, but in fact this poverty prevails at many levels. The recent case of the Irish republican prisoner Paddy Kelly makes a similar point. Paddy Kelly has, I

understand, metastatic malignant melanoma, and he had requested repatriation to Ireland on compassionate grounds. As part of the campaign to achieve his repatriation, a Canadian doctor was flown over specially to examine him and provide an independent assessment of the severity of his condition. His report was, I understand, accepted, by the authorities, and Paddy Kelly has now been transferred to Ireland.

I feel strongly that there was an important and serious implication here, almost insulting if it wasn't palpably true—that is, that Irish or British doctors could not be trusted to give a detached, objective, professional opinion. It was apparently assumed that one group would be overly influenced by the nature of the original crime, and the other by the historical and political context of the case and by its implications for the peace process. And so an independent report was commissioned.

But it's not just in the high courts or the great political arenas that we betray our lack of professional detachment and objectivity. Whenever we are asked for letters to support a housing application or to fill in forms for dis-

ability living allowance we commit exactly the same misdemeanour and betray our profession in exactly the same way. We are acting for "our" patients, and are under pressure, however subtle, to act as their unabashed advocate.

So we may omit a detail here, slip in a nuance there, and eventually draw the conclusion which we believe will best serve our patients' interests, whatever the real truth of the situation. I'm sure that most councils now treat our letters with utter contempt and disregard.

Whoever is paying the piper is calling our tune, corrupting our opinions and our independence, and by permitting it to happen we are destroying the honesty and credibility of our profession. Are we all whores?—LIAM FARRELL, general practitioner, Crossmaglen, County Armagh