



## Reports from Overseas

### VOICES OF MEDICINE



By Del Meyer, MD

#### Can we learn from the British and world experience?

The World Congress on Lung Health had physicians from about 60 countries represented. These are opportunities to get an overview of medicine practiced throughout the world.

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A physician at the Congress from the United Kingdom was very unhappy with his medical practice in the National Health Service (NHS). He felt that everyone he knew was unhappy with his or her practice and the bureaucracy associated with it. He looks forward to retiring, when other sources of income materialize, and felt that most physicians he knew are looking towards almost any opportunity to retire or even work in a non-physician capacity.

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A physician from Finland said he is currently working in Norway, which pays the highest salaries in Scandinavia. The government there is wealthier due to oil revenues and is thus paying doctors better. This shouldn't surprise us; we are seeing doctors uproot their families and practice for a better deal elsewhere.

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A doctor from South America stated that he no longer can afford to buy medical textbooks or belong to medical societies. He is expected to work longer hours with no increase in his government wage. Sound familiar?

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Hospital Doctor, subtitled as "21 years as the leading newspaper for all hospital doctors," reported that "consultants" (hospital doctors) in the National Health Service will not receive promised intensity payments in their pay packets because the British Medical Association is unable to reach an agreement with the government on how to allocate the money. It seems the government wants to use the money as a reward for workload and job intensity, while the BMA wants it distributed equally to all consultants rather than on how hard they are working.

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On reading the above report, Peter McDonald, a consultant surgeon, stated, "I felt something snap within me. With my loyalties to the NHS for more than three decades

repaid by lies, I know I am not alone in feeling repulsion in the way doctors are being portrayed by our masters and the media." He points out that some consultants have been on-call every third day for 16 years. His own hospital was fined for having the longest waits on trolleys (gurneys). McDonald feels that with the crises in nursing and ancillary staff, the NHS is in danger. Will doctors be the next to leave? For the first time, he is contemplating leaving the NHS.

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Meanwhile another issue is headlined: "BLACKMAIL ~ Government tells medical profession: Do it our way or else." The Government feels that some NHS doctors devote too much time to private practice. New consultants are expected to accept a ban on private practice for at least seven years to ensure proper management of their time. This is to reduce the maximum wait to four hours for emergencies, three months for an outpatient appointment and six months for an operation. Prime Minister Tony Blair said, "Though most consultants work extremely hard for the NHS, beyond their contractual commitments, there is no proper management of their time."

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NHS spending is due to rise £15 billion over the next three years. This includes £300 million from duty on cigarettes. It seems more doctors are at cross purposes: "Dear Patient: Please smoke more so that there will be more tax money to pay me a better salary so that I can treat your cigarette-induced disease in greater comfort."

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In a debate on self-regulation for doctors, Dr. David Starkey argues that the whole arrangement of self-regulation is justified in terms of an independent profession, devoted to the welfare of the patient. However, in the modern NHS, medicine is no longer a profession. Doctors are, for the most part, salaried employees and rationers of health care who cannot put the concerns of patient first. It is impossible to advocate for the patient and manage budgets. He feels there is evidence of rapidly declining standards of health care in the UK compared to the rest of the world. The solution, as Starkey sees it, is for patients to fund much of their health care privately, empowering themselves to demand the best service from their doctors.

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Dr. Tony Copperfield, a GP practicing in Essex, comments on health care rationing suddenly becoming a hot potato. But rationing is nothing new. "Waiting lists for surgery effectively ration operations ~ by the time that my patients reach the head of the queue for hip replacements or cataract extractions, they are, invariably, dead." Copperfield goes on to explain that they will demonstrate a better sense of priority than the Americans. He cites, "In the infamous Oregon experiment, the US public apparently rated breast augmentation more important than plating a fractured femur. A generation of full-breasted American females will soon be walking with a limp." He feels rationing helps restore a sense of perspective. "Patients should be limited to a seven-minute GP consultation, two problems per attendance, and a maximum of four consultations and one home visit per year." He further feels that prescribing could also be rationed: "No more than three courses of antibiotics per patient per year."

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The Sunday Telegraph reported that, with the NHS waiting lists growing and the cost of medical coverage insurance seriously damaging one's wealth, more people than ever now opt for pay-as-you-need health care. The journalist, Emma Simon, lists the cost of private treatment, e.g., hysterectomy for £2,300 to £4,300 and hernia for £895 to £2,025, as cheaper than the cost of health insurance. Hospitals are now providing loan facilities, but these require customers to repay the debt in 12 months. A new concern, Go Private,

charges £18 per year per household and will pay your medical bill and then finance the actual costs for you.

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The Queen regretted that Madonna, who lives in England, felt the National Health Service was so Victorian that she had her baby in Los Angeles. However, the press approved. She could afford private care, which allowed those who needed the NHS to obtain care.

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In two weeks, I noted in British papers (unfortunately, I couldn't read those in other languages) hundreds of stories of unrest in the National Health Service. Doctors from various countries basically told the same story. We are at the crossroads in medicine in this country. Can we learn from the British and world experience?

Wouldn't it be better to build on our private insurance and cash system than go down the road of further government medicine? Other countries with national health plans are desperately trying to re-institute health insurance or even pay cash and finance health care after the fact. If you would like to participate in a dialogue on this subject, please send me an email.

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