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### Private medicine practice

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I attended a standard comprehensive school. We sent our four children to a comprehensive school too, choosing a non-selective state comprehensive in the belief that they would get a better general education than anywhere else. Our view is not shared by everyone, for there are private schools and all manner of selective schools in the state sector. There's much talk of equal opportunities, but schooling is the elephant in the room of inhibiting social mobility. If everyone attended the same local school, wouldn't the whole of society have a vested interest in making it work? Wouldn't common schooling foster understanding of others, helping social cohesion? This obvious solution is too radical even for the progressive urban Oxbridge elites. Every right-thinking liberal passionately supports 'equal opportunity', so long as the unequal opportunity and privilege of their own children is protected.

Which brings me to another social ill, private medical practice. Now many will argue that patients opting for private care actually frees up space in the NHS. It's a type of social philanthropy! And why shouldn't people spend their money as they like? Surely, there is nothing wrong with private practice?

But why should a poor sick person have worse access to medicine than a rich sick person? Suffering is suffering. Is private practice even morally justifiable? Worse still, private practices often seem to ignore national guidelines, promote questionable treatments, and generally intervene and investigate more. All Bad Medicine.

There is another elephant in the room for private practice too. Our NHS hospitals consume virtually all the NHS resources yet provide very poor access. Consultants work in the NHS but also privately (reported as 40% of all consultants).<sup>1</sup> If patients could get the same access on the NHS would they choose to go privately? Isn't there an obvious vested interest in maintaining waiting lists? After all, it is the months-long waiting lists that drive patients into the arms of private care. Now consultants might go puce, blow hot steam out their ears, and be furious at the suggestion of

any conflict of interest. But in what other industry would staff be allowed to work for their arch competitors at the same time?

I fail to understand how this government or the supposedly progressive parties of the left are unable to tackle this jarring anomaly. Why are they unable to address the chronic undersupply of medical staff or confront the entrenched unionised attitudes of our profession that protect position and status? There is a simple solution. Consultants (and GPs) should choose to work privately *or* for the NHS but not both. Indeed, there is precedent in the public sector for this type of restriction on working.<sup>2</sup>

We need to increase numbers and shorten training programmes for consultants. Would this make the hospital sector more efficient? Would it improve access? Would it help reduce the status of doctors? I believe it would.

If nothing else it would make the murky world of private practice a little more transparent.

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