REPORT

Teaching about private practice

" I do it because it is nice to talk to patients as people, in my consulting room, and to see illness through from the beginning to end."

No, not another general practitioner expressing his philosophy but a consultant speaking about his private practice at a recent meeting in the British Medical Association House when the British United Provident Association invited teachers of general practice, students and others to debate the principles and ethics of private medical care, and the desirability and methods of demonstrating these to medical students.

An interesting day, it began with a historical survey of private medicine, continued through BUPA's mighty medical screening centre, and finished with lively debate in the BMA council chamber where the proceedings were undisturbed by the rumblings of Past-Presidents rotating in their graves when one of the speakers at the podium was the charming secretary of the Patients' Association.

Health screening, BUPA style, was rightly given early prominence and ' clients ' were observed proceeding (though in surprisingly unattractive dressing gowns), through the automated, carpeted corridors of the medical centre, always just one arm's length behind their personal plastic card which, slotting into countless computer terminals, told the monster all the details, and then at the end produced an eerily literary print-out. Threatening? To the doctor practising preventive medicine perhaps yes, but to the patient apparently not. Worry, fear and curiosity all elicited, investigated and interpreted in one building, at one time.

The demand for private specialist care is growing, yet that for private general practice is diminishing. There must be a moral here and reasons began to emerge during the day.

A surgeon proclaimed his dislike for the impersonal production line methods of his National Health Service services, argued that private practice earned foreign exchange and increased international prestige. It did not really mop up already scarce resources—since the foreigners might come free anyway.

A physician, accused of undercharging by his surgical colleague, proclaimed his enjoyment of more personal and leisurely medicine, and anyway, such was his NHS contract that he needed the money. The Fellowship for Freedom in Medicine found choice without payment indigestible if not impossible, but its lonely voice suffered more dyspepsia when representatives of the younger generation showed strong disapproval.

Our own Dr Hunt, speaking with his usual good sense, quiet humour and compassion, startled the meeting when, describing his joy in practising personal medicine, he disclosed that the infant NHS of 25 years ago had rejected his practice, a practice which must surely have been the forerunner and guide of much good group practice in health-centre development today.

Clearly there is a place for a private sector alongside public medicine, if only to set standards to which the State should aspire and to provide an alternative path for those who want it.

As one speaker said, "Why shouldn't one be allowed to take a taxi rather than a bus? "Alright," said the student, "so long as there aren't so many taxis that the buses can't move." It seemed that general practice would not share this sector however. Why? Perhaps because general practitioners are already independent. Perhaps because they are already providing the personal care which patients have to purchase elsewhere, and which it seems specialists do like to give. It is not *time* that private patients try to buy, it is attention, *personal* attention, and it seemed to the teachers that this is what their practices *were* demonstrating.

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