Damages—one measure of a general practitioner's responsibility

If £300,000 is the new price of failure, it must logically also be the value of success.

THE news that an eight-year-old boy has been awarded damages of over £300,000 creates a new record for such awards in an English court *(Guardian,* 1979).

The report makes sad reading; sad above all for a little boy whose prognosis is said to be appalling. Sad too, for his parents and brother, who face the disruption of normal family life with major disabilities. The report, however, is also sad for the family doctor, who is reported to have admitted liability for not recognizing meningitis at a time when curative treatment might have been possible.

This *Journal* is not competent to comment on the size of the award or to weigh the factors involved. It is reported that the Judge took into consideration pain, loss of amenity, future care, loss of earnings, housing, need for a second car, and interest. It is possible that the final sum could yet be altered; what is already clear is that damages of more than a quarter of a million pounds have been awarded by society for the consequences of the professional responsibility of being a general practitioner.

Civilized societies are now rightly concerned with revising upwards the value of life and the price of disability. This is a progressive trend and will continue. The consequence, however, is clear. The pressure on general practitioners, the difficulty of their decisions, and the value of their work are also constantly being revised upwards.

The doctor's privileges

Doctors in most societies, including Britain, have many legal and social privileges, some of which derive from Acts of Parliament. These privileges are often commented on by those who analyse the profession and are sometimes resented or decried.

The price of privilege is not so often discussed, although McCormick (1979) in *The Doctor, Father Figure or Plumber?* states that in his opinion the price of privilege is service. Service, however, for family doctors means "making an initial decision on every problem his patient may present to him" (Royal College of General Practitioners, 1972) and doing so under considerable time pressure at all times of the day and night. Many general practitioners have more than 2,500 patients and many will conduct more than 10,000 consultations in a single year.

The consequences of one single mistake in one single consultation can be catastrophic. As an editorial in *The Times* stated 30 years ago: "There can be no substitute for the able family doctor. He still holds in his hands the lives of his patients. The hospital or specialist service, however elaborate, cannot offset defective treatment in the home or surgery" (*The Times,* 1949).

The doctor's responsibility

It is timely for society and commentators on the profession to be reminded of the reality of responsibility. Whatever the talk of trivia, whatever the success of counselling, however happy the primary health care team, it is the doctor and the doctor alone who makes the diagnosis. It is the doctor who is faced with major life-threatening disease, the doctor who has to face complaints, and the doctor who, if in error, pays the price in adverse publicity. Moreover, it is the doctors alone and not the government or para-medical colleagues who collectively pay all the damages through their subscriptions to the defence societies.

In a democratic society and in a tolerant National Health Service it must be right for patients to have a wide choice of doctor, an additional second right to complain, and a third right to sue separately in the courts.

In such events all the circumstances can be considered: the way in which the message was sent, the rarity of the condition, the pressures on the doctor, and the circumstances under which examinations have to be carried out in primary medical care. Nevertheless, under scrutiny, these all pale into insignificance. A doctor is a doctor is a doctor and society demands that life-threatening diagnoses be made.

Education

The medical profession, whose task it is to serve the public, faces the challenge and the question—how can such a situation be averted in the future?

The profession has already recognized the extreme importance of providing the public with a professionally trained entry of general practitioners. Many in the past have entered general practice without any child health experience, and without the opportunity of seeing a single case of meningitis throughout their medical training. Compulsory vocational training should help to improve standards of care for patients of all ages, but will, in itself, never be enough.

The Royal College of General Practitioners decided in 1978 that the new, wider responsibilities of general practice will in future be tested in its membership examination and it is also firmly committed to improving training in child health care (Royal College of General Practitioners, 1978).

The problem of continuing education and of maintaining the competence of general practitioners, especially in the identification and early recognition of rare diseases, now needs urgent attention.

The doctor in the front line of medicine never knows what he is going to see next—any patient can have anything. For every case of meningitis there are a dozen with possible meningism. For every case of appendicitis, there are scores of patients with abdominal pain.

The significance of a diagnosis like meningitis can always be considered at leisure in retrospect. The problem for general practitioners is the *hundreds* of children they see every year who are ill with a temperature, any one of whom, but less than one of whom will go on to develop meningitis. Nor is intervention easy. Liberal prescriptions of antibiotics—"just in case"—are bitterly criticized and sending all such children to hospital would swamp the wards within a week.

Measure of responsibility

In reacting to these record damages, it is worthwhile reflecting on the value to society of general practitioners who make the right diagnosis the rest of the time. If £300,000 is the new price of failure it must logically also be the value of success.

The size of this award is one measure of the professional responsibility of the modern general practitioner.

References

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Trainee projects

TRAINEE projects are important and are being published more often. The idea, however, still arouses surprising resistance and apathy, largely because it has not yet been appropriately studied.

Need for research

In the 1979 William Pickles Lecture published today (p. 457) Professor Morrell, one of the most distinguished academic clinicians in the UK, issues a clarion call for more research effort in general practice. He reminds the profession of the research contributions of Mackenzie and Pickles and chides the present generation for failing to devote enough attention to research work in general practice.

Mukherji also reports today (p. 466) as Chairman of a Faculty Research Committee which has worked to promote research by trainees in South-East Scotland. These two articles taken together clearly call for a re-examination of the place of research and project work in general practice.

The idea needs careful consideration and calls into question the objectives of vocational training itself. Certainly there is a growing body of opinion, notably the Leeuwenhurst Working Party (1977), for encouraging young doctors to acquire and practise critical thinking about their work as an important aim in itself. Simultaneously, Sir George Pickering (1978) underlines what he regards as the tragic over-emphasis on factual knowledge in much of modern education. He concludes that time and again all that is taught and all that is tested is the ability to recall facts—far too little time is being allowed or devoted to young doctors to think critically about their clinical practice. (See p. 501 for review.)

It is not surprising that trainee research should develop slowly in general practice in view of the historic educational deprivation in general practice as a whole, which is only now beginning to be put right. Research among experienced general practitioners is still rare; carrying out audits, writing papers, and getting them published in medical journals is still, alas, distinctly unusual.

Those who work regularly with trainees, however, soon come across a common, widely held prejudice. Research, it is said, always involves big numbers, is very complicated, difficult to carry out, is remote from everyday practice, and is certainly not possible within a trainee year. Reasons are somehow found for *not* completing a study.

The word 'research' is itself a problem. It arouses prejudice because much of the best of general practitioner research is now associated with big organizations or successful units with professional staff