

pharmacist in the supply chain.

No pharmacist would disagree that patient records are confidential. However, patients discuss their problems with others, including the pharmacist. Again, two professionals are better than one. It is clear that patients like to discuss their problems with pharmacists, not to challenge the doctor but to reassure themselves that they have understood the message they received.

The pharmacy undergraduate course nowadays includes aspects of pathology and therapeutics which equip pharmacists for the wider role of health carer for minor problems. Pharmacists supply household remedies and provide advice on minor complaints, such as cuts, colds and indigestion. This service is available locally, 10 hours a day, six days a week and in many places, for more than 12 hours a day, seven days a week. Although doctors are on call 24 hours a day, 365 days a year, how many would like to deal with such minor problems outside surgery hours? In fact, how many would feel it was their role to deal with these problems at all? If pharmacists were to disappear, would doctors be able to fulfill these functions, indeed would they want to?

Finally, as does Dr Roberts, we must consider the end user — the public. Pharmacists provide free advice on health subjects during extensive hours of trading. They are not overpaid and are part of the social structure of the community. Society would suffer if they were to disappear.

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#### References

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#### Response to the white paper

Sir,

The majority of general practitioners object to many of the proposals contained in *Working for patients*<sup>1</sup> and to the speed with which the government wishes to implement its plans.

College leaders have a golden opportunity to unite general practitioners and to ensure that the government and patients are aware of their objections. It is clear that this government does not want the proposals to succeed but is aware that implementation will drive many patients to the private sector. When the National Health Service finally collapses the government has its scapegoat ready — the

general practitioners who are only concerned about their wallets.

I hope that the College will provide a clear lead and help to preserve and improve the NHS.

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#### Reference

1. Secretaries of State for Health, Wales, Northern Ireland and Scotland. *Working for patients (Cm 555)*. London: HMSO, 1989.

Sir,

It is only right that patients should be able to make an informed choice of doctor. It is reasonable that doctors who provide extra services should be rewarded, as should those who take advantage of postgraduate education. It is arguable that this should be at the expense of other doctors.

Of grave concern to all doctors are the government's proposals for family practitioner committees. The local medical committee is to be rendered redundant and local representation is to be removed from the family practitioner committee. A small group of people appointed directly by the government will therefore have far-reaching powers. They will have influence over the appointment of replacement partners; the power to take sanctions over prescribing; the power to monitor referral rates and the reasons for referral; and the power of veto over the general practitioner's place of residence.

There seems to be no obligation for the family practitioner committee to act upon or even take independent medical advice, which they can commission from a varie-

Mg<sup>++</sup> = FRUSENE

Diuresis  
vation

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