frankly malignant on initial clinical examination. One case appears to have been a clerical error of misclassification by the GP. Over a year, 18 patients (0.9% of a total of 2059 GP referrals) were wrongly classified, to their detriment, based on GP clinical examination.

Although a significant proportion of breast cancer patients stem from non-urgent referrals, false-negative examinations by GPs are not a statistically important cause of delay for patients subsequently shown to have breast cancer.

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Through a glass darkly

Intrigued by Hall and Hartshorn's magical letter[1] revealing how general practice will be in 20 years time, I went up to the loft and retrieved my crystal ball. Sadly it was cracked, but through it I too saw how it will be two decades hence, albeit from a rather warped perspective.

GPs are not extinct but work in a rather different capacity; after all someone needs to be 'responsible' in society and to take the blame when anything goes wrong. Expert patients (so beautifully described by Mike Fitzpatrick in the same issue)[2] have ejected us from the surgery, though, and most of our time is spent in court justifying why Great-aunt Ethel only lived to 97. We are cross-examined by sniggering lawyers as to why she was not started on a statin earlier and why we do not have a signed disclaimer stating that she wanted to continue smoking, despite monthly advice to stop. Time spent in court means further penalty points scanned onto our national ID/revalidation cards as we fail to see clients within an hour of them making online appointments. Patient (a quaint anachronism) lists are a thing of the past. A client sued saying, 'if he could buy beans anywhere in Britain at any time he could see any doctor on a similar whim', arguing successfully that health is more important than a pile of beans. With the winnings he bankrupted the NHS and bought out Heinz. (The tabloids delighted in the headline 'Has-beans'.)

The supermarket culture prevails and clients find it much more convenient to video-link a GP of their choice at 3 am, ensuring their knowledge has kept apace with the internet. After all, this could be another windfall if the GP is not aware of yesterday's Californian Patient Power Group's findings.

The paradox of the 'paperless' practice is even starker as lawyers' summonses and insurance reports never did stop being printed on paper. (E-mails don't make a depressing thud as they land on the desk.) Prescriptions for support stockings must now all be handwritten. The tragic, but predictable, demise of the NHS is now on the History Channel, which follows the programme about how the CEO of the Monopoly Insurance Company finally ousted the geriatric, battle-weary Tony Blair from Number 10.

Hospital referrals are now made a generation prospectively, based on genetic testing. Maternity, and later all other departments, were centralised to London. Rumours circulate that this will soon be moved to Brussels.

Target levels continue to rise and currently stand at 115% for immunizations and cervical smears. Signing certificates of ability to/exemption from flying, working, doing sports, taking out one's wheelie bin, and playing recorder in the school orchestra remain part of the daily routine, and under the Human Rights Act are, of course, free.

The government continues to monitor GPs' performance by using 'mystery shoppers', but these are easy to spot as they seem to follow the advice offered.

Many GPs have been forced into more skilled domestic jobs. The word 'vocation' has been removed from medical dictionaries.

I've just remembered how my crystal ball got cracked; it was used to try to knock some sense into our BMA shop stewards.

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Rules of engagement in the hypotheticodeductive model

My essay has achieved its aim: it has provoked a debate.[1,2] But might I suggest some rules of engagement in the debate? Could commentators please argue the points that have been raised rather than try to read my mind? I do not feel 'frustration' or 'unrest'.[3] I do not have 'a problem' nor do I see myself as a protector of any sepulchre rendering me liable to 'almost paranoid' responses.[4]

While we are at it, lighten up a little. Humour has an honourable tradition in philosophy. The example of the bus was chosen not simply for a *reductio ad absurdum* of denying objectivity nor as a link to the less obvious example of MMR vaccination, but because it was — ironic.

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