

6 November

Reflective Writing Course for Practitioners
Leiston Abbey, Aldeburgh, Suffolk
Contact: *Annemarie McCarty*
E-mail: *jc03@dial.pipex.com*
Tel: 01223 884324

9 November

Joint Injections Workshop
Liverpool Medical Institution
Contact: *Anna Reid*
E-mail: *mersey@rcgp.org.uk*
Tel: 0151 708 0865

10 November

Dermatology in Clinical Practice Course —
Module 1
The Woodlands Conference Centre, Chorley
Contact: *Jackie Dartnell*
E-mail: *jdartnell@rcgp.org.uk*
Tel: 01925 662351

10 November

Pittodrie Residential Course
Pittodrie House Hotel, Inverurie,
Aberdeenshire
Contact: *Amanda Slorach*
E-mail: *rcgp@grampian.scot.nhs.uk*
Tel: 01224 558044

12 November

RCGP Annual General Meeting
Victoria Park Plaza Hotel, Vauxhall, London
Contact: *Mayuri Patel*
E-mail: *mpatel@rcgp.org.uk*
Tel: 020 7581 3232

22 November

Open day for GP Registrars and new GPs
RCGP, 14 Princes Gate, London
Contact: *Beverly Russell*
E-mail: *brussell@rcgp.org.uk*
Tel: 020 7173 6072

24 November

Raemoir Residential Course
Raemoir House Hotel, Aberdeenshire
Contact: *Amanda Slorach*
E-mail: *rcgp@grampian.scot.nhs.uk*
Tel: 01224 558044

25 November

Video training course for MRCGP exam
The Forest Road Surgery,
354-358 Forest Road, Walthamstow
Contact: *Catherine Salmon*
E-mail: *csalmon@rcgp.org.uk*
Tel: 020 7173 6073

29 November

Developing Management in Primary Care
Cumberland Lodge, The Great Park,
Windsor, Berks
Contact: *Sue Daniel*
E-mail: *tvalley@rcgp.org.uk*
Tel: 01628 674014

Anaesthesia and the big money

ANAESTHESIA is not one of the big spenders. Our various society meetings get less and less support from industry as the years go by. We watch our rheumatology and our cardiology colleagues jetting off to exotic places courtesy of Drugs Inc., while we ruefully make our way to Hull (no offence meant) by second-class rail. Of course, there are advantages: anaesthetists are unlikely to find themselves headline news for ignoring side effects in a sponsored study, something that has made unfortunate headlines in recent weeks. We just don't have that many drugs in anaesthesia. Unlike drugs for osteoarthritis and secondary prevention of heart attacks, it's obvious whether our drugs work pretty soon after they've been given. There's little point in the drug companies offering anything more than a little gentle persuasion because there isn't the market to make a shedload of 'me-too' drugs worthwhile.

But that doesn't stop us being harried over our drug costs. There are some specialties that can spend £10 000 on one patient, but we are not compared with them. We are compared only with what we spent last year. The media and special interest groups are criticised for presenting the effects of clinical interventions, and especially of the risks of side effects, as relative risk reduction ('Twice as likely to get cancer!') instead of absolute risk reduction ('One in a million to two in a million') — no exclamation mark required. So we can plead absolute cost reduction as long as we like, but what's required of us is relative cost reduction.

And we do our best to help. Anaesthetists are fond of Hartmann's Solution^a — probably a distant memory to most GPs. It's a more physiological saline, with a bit of this and a bit of that instead of plain, simple sodium chloride. If all you're going to give is a bag or two it probably matters little which is given, and Hartmann's costs 15p more. So now all drips in theatre are set up with saline rather than Hartmann's to save the Trust, and thus the NHS and ultimately the taxpayer, a pootling sum compared with — what's this? — £15–30 billion for an up-and-running computer system that will enable patients to book their operations with exactly who they want, exactly when they want. Just 2 years ago, when Alan Milburn was at the helm, the procurement costs were estimated at £6 billion. If we took that sort of cost inflation to our anaesthetic hearts, just think what we could do, if we had the drugs to do it with.

^a A F Hartmann was a pediatrician at Washington University in the early 1920s, and was among the first to use insulin for treatment of the fluid and electrolyte imbalances of type 1 diabetes mellitus. Hartmann's Solution was developed to treat disorders of fluid and electrolytes in pediatric patients (see: <http://renal.wustl.edu/general.html>).