

History of Medicine Rose Prize

A new event in the history of medicine will take place on Thursday 12 May at the Worshipful Society of Apothecaries, Black Friars Street, London.

A new national competition for the Rose Prize is currently being judged and the winner will be formally announced and will make a presentation on some aspect of general practice/primary care. All those interested are welcome to come. The cost is £20 per head and tickets are limited and will be supplied on the basis of first come first served.

For further details please contact Kate Messant at RCGP, 14 Princes Gate, London, SW7 1PU. Tel: 020 7581 3232.

Diary

11 May

Minor Surgery Course
Woodlands Centre, Chorley
Contact: Debbie Leyland
E-mail: dleyland@rcgp.org.uk
Tel: 01925 662351

11 May

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

12 May

6 minutes for the computer, 4 minutes for the patient
Eastbury Manor House, Barking,
Contact: Catherine Salmon
E-mail: csalmon@rcgp.org.uk
Tel: 020 7173 6073

19 May

Sexual Health in Primary Care —
Module 2 of 2
Woodlands Centre, Chorley
Contact: Jackie Dartnell
E-mail: jdartnell@rcgp.org.uk
Tel: 01925 662351

19 May

Primary care research: Its place in the future
RCGP, 14 Princes Gate, London
Contact: Nikki Whitelock
E-mail: nwhitelock@rcgp.org.uk
Tel: 0207 344 3124

19 May

Sexual Health Course — Module 2
The Woodlands Conference Centre,
Chorley
Contact: Jackie Dartnell
E-mail: jdartnell@rcgp.org.uk
Tel: 01925 662351

Neville Goodman

THE COLLECTIVE NOUN FOR COINCIDENCES

I write about coincidences (April issue) and up pops another: so a double coincidence. I was going to try, in my 420 words, to sum up my despondency. I still think that the fundamental organisation of the NHS is right: nowhere is there an altogether better system. It's just that so much of what politicians and their medical allies impose and suggest is so wrong. Once, the surgical houseman clerked the patients, and was the final common pathway to the patients. SHOs did simple operations in preparation for more complicated ones. Now, no-one clerks the patients (a recent document in our Trust asked for better ways to 'de-doctor' assessment clinics) and surgical practitioners will do the simple operations. These changes are expediency, but we are supposed to think they will improve care. I was brought up on the old model of medical care. It was drilled into me. I cannot, unlike for a new treatment presented with evidence of its effectiveness, throw up my hands and proclaim the new order.

There are so many other things. Hospitals are to be allowed to advertise to attract patients. It's part of the new 'patient-led' NHS. It's barmy. This same NHS now has 'choose and book', and consultants have no control over who comes into their clinics. Those who could be dealt with by a letter to the GP will have to be seen. The patient comes first.

Only if the doctor has not already left. And that is my coincidence. As I struggled to say all I wanted in my 420 words, I found the words of a doctor that say it all, and he has indeed just left. Theodore Dalrymple is the pseudonym he has used when writing many articles about the inanities and insanities of the NHS. I especially liked his rejoinder when presented with a multitude of audit forms: 'I can see the patients, or I can fill in the forms. Which one do you want me to do?' I could quote almost every word from his valedictory, but his penultimate paragraph will suffice:¹

'If [the government] cannot improve its own reputation, however, it can at least destroy that of the medical profession by undermining the basis of the popular trust placed in it, for the government wants no autonomous professions with which it can be unfavourably compared. To bring everyone down to its own level, and the level of its apparatchicks, is its goal.'

Be warned.

REFERENCE

1. Dalrymple T. A doctor's farewell. *The Spectator* 2005; 22 January: 14–15.