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# Saul Miller

## Choice

Choice is such a delicious concept. Freedom would not be up to much without it. Being free means being able to exercise choice over what to do and how to do it, what to have and how to have it. Who can complain about choice?

Our patients certainly don't. They know they can find another doctor if they aren't happy with us. On the other hand most value loyalty as well as choice and so, a fussy few aside, don't swap and change just because our curtains are getting a bit faded. Some are a shade too loyal, in fact, and try to draw the wool over our eyes by retaining their registration despite moving 50 miles away. After conversations with many such patients over the years that have all followed the same pattern, promises not to request a house call being a central feature, we now hide behind a policy that limits choice: it (not us, notice) says re-register or else we'll expunge you anyway. For most, the threat of being without a GP is enough. After all, these are uncertain times. Many who once believed that dentists were ten-a-penny now find themselves walking the streets with plaque and no-one to buff it off.

Given that we are service providers it follows that, to us, choice would be abhorrent. Not for us the notion of choosing our patients. We cater for the whole community, all shades, shapes and sizes. Guiltily perhaps, we do occasionally sigh with relief when one of our more difficult cases announces a decision to move. We may even reinforce the decision by linking the move to potential improvements in their ME-induced panoply of disabilities. But overall, as service providers, we expect only to serve our population come what may.

It is in this context that I have recently been struggling with a very difficult case. It is do with patients whose problems are unusual enough that they need what used to be known, under a previous system, as an extra-contractual referral or ECR. Under that previous system, the funding body would have a retinue of under-officers who would process all the

necessary paperwork for someone unknown but more senior to make the decision whether to allow the referral to proceed or not. And then the decision would be made and that would be that.

The ECR-based system itself replaced a system where any doctor could refer to anyone else and all that was left to do after the letter had been received was for the patient to bemoan the length of the waiting list. Now the system functions as if the ECR system still operates but no-one mans the desks anymore. I imagine a room in which the curtains have been pulled and then everyone has forgotten it is there. Patients find themselves harking back to the knowing-where-you-are that waiting lists gave. None mention, although they could, that they weren't even given any choice of which service provider the referral would go to. They just bemoan the not knowing, the stress that entails. It is only a matter of time before they all end up choosing which psychologist to see.

Persuaded as I am of the benefits of spending time with patients whom I help choose a referral as the best management of their condition, also then helping them Choose-and-Book the most appropriate provider for their needs, nevertheless I feel a little disquiet. If I am to have glossy brochures to chat over in sunlit rooms moistened by the steam drifting lazily upwards from our cups of tea, then surely I need brochures for all service providers, not just a local selection.

If choice is truly to be supported, it should be given the same priority in all the settings in which it matters. This is not just about referring patients to one local hernia repair shop or another. I need also to be able to guide my relocating patients through the maze of practice brochures and re-registration documents relevant to their new place of abode, to help them decide which practice is best.

Our Out-of-Area Policy will be updated of course, with no threats to expunge. What else? For the fussy few, curtain swatches would help. Oh yes, and someone to man the desks.