

Strictly Doctoring

presence in the UK. The emerging data suggests that their healthcare needs may be considerable, and behind mere statistics are human stories suggesting that this is a community much more vulnerable than first imagined. More research into and service provision for health matters of importance to the Polish community is overdue. Better late than never, for on the matter of Polish health so far, few participants have emerged with much distinction.

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Health minister Ben Bradshaw has announced an official NHS website on which patients can 'post messages about their experiences of GPs' and rate their professional standards.¹ Hoping that consumer feedback will 'improve standards through competition', the government is following the lead set by medical entrepreneur Neil Bacon of doctors.net who invited patients to comment on their doctors on his 'I want great care.com' website last summer (<http://www.Iwantgreatcare.org>). Although these populist initiatives have been condemned by the BMA and other authorities, they have much in common with the proposals for 're-licensing' of medical practitioners due to be introduced by the GMC later this year.²

It seems that Bradshaw has been inspired by the contribution of Trip Advisor to the travel industry and Amazon to the book trade and believes that 'we need to do something similar for the modern generation in healthcare'. For its revalidation process the GMC has chosen a model closer to that followed by the television show *Strictly Come Dancing*, in which contestants are judged by a combination of studio experts and public voting (with predictably confusing results).¹ This approach may provide good entertainment, but it seems unlikely to improve the quality of medical care.

In addition to maintaining an ever bulging folder about their practice, doctors seeking 're-licensing' will be required to provide positive 'feedback' from patients and colleagues. It is ironic that the doctor whose name is most closely associated with the drive to introduce new processes of revalidation — the late Harold Shipman — would have had little difficulty in demonstrating his high levels of performance.

Any GP would have been proud to include the Shipman Inquiry's comments on his professional standards in their personal development portfolio (if not in a frame on the waiting room wall):

'Shipman had the reputation in Hyde of being a good and caring doctor. He was held in very high regard by the overwhelming majority of his patients. He was also respected by fellow professionals. His patients appear to have regarded him as the best doctor in Hyde. His register was full and there always

seems to have been a waiting list. Patients liked him for a variety of reasons. Many would say that he 'always had time' for them. His surgeries overran but no one minded because they understood his wish to take whatever time was necessary for each patient. He never hurried them out. He always had time for a few words of a personal nature. Elderly patients and their families were particularly grateful for his willingness to visit at home.³

Critics of the government's crass consumerist approach to health care have observed that Bradshaw's website is likely to encourage expressions of, on the one hand, anger and resentment, and on the other, gratitude and praise, perhaps justified, more likely not — and certainly of dubious value to potential patients.

The market has long been recognised as a threat to professional standards. In his celebrated study of doctors in the US, Paul Starr noted that 'the contradiction between professionalism and the rule of the market is long-standing and unavoidable'.³ Previously, doctors distinguished themselves from tradesmen and businessmen by claiming a commitment to a higher cause than vulgar commercial interests. Whereas the market ideal is that the consumer rules, the ideal of a profession 'calls for the sovereignty of its members' independent, authoritative judgement'.⁴ From this perspective, a quack is a practitioner who tries to please his customers rather than his colleagues.

Patients may be more likely to suffer harm from an incompetent GP than they are to become victims of another GP serial killer. They are more likely still to suffer the adverse consequences of the destruction of the autonomy of the medical profession and the corruption of doctor-patient relationships that results from the incursion of state and commercial forces.

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