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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

As stated each week in "Instructions to authors" no letter will be acknowledged unless a stamped addressed envelope or an international reply coupon is enclosed.

Subscriptions to medical defence societies

SIR,—Today I received a copy of the Medical Defence Union Annual Report. Enclosed within the report was a notice that the annual subscription is to rise to £70 for doctors and to £30 for dental surgeons on 1 January 1979. This rise of 43% for doctors and 50% for dentists must raise some fundamental questions about the whole problem of protection from litigation.

It would be foolish to practise medicine or dentistry without suitable insurance, and membership of a defence organisation is necessary for all and mandatory for medical staff employed in hospital posts within the NHS. Doctors and dentists are therefore a captive group as far as this type of indemnity is concerned.

In the past eight years defence organisation subscriptions have risen by 1000% for dentists and even more for doctors. While the demon inflation can, and no doubt will, be blamed for some of this rise, it can in no way be incriminated for all of it. So what are the possible causes for this astronomical increase in charges?

(1) An increasingly litigation-conscious public? There has been, it is true, a marked increase in medical education over the past few years, but the population at large still seem to have a blind faith in their doctor. In any case the medical profession seems to close ranks very efficiently (and probably rightly) against any sort of legal intrusion.

(2) More accident-prone practitioners? There has been no suggestion of this.

(3) Incompetent management either of

finance or legal representation by the defence organisations? The very high calibre of medical and legal practitioners involved in the running of and employed by the societies makes this alternative incredible.

(4) The price of litigation? The report of the Royal Commission on Civil Liability and Compensation for Personal Injury,¹ chaired by Lord Pearson, illustrated an interesting difference between medical negligence and other personal injury litigation. For the period covered by their report compensation was paid in only 39% of medical negligence claims and in 86% of other personal injury claims. However, the average payment in those medical cases was eight times that in other personal injury cases. This seems rather unreasonable, since an injury is an injury however caused. In any case wounds, however negligently inflicted by a doctor or a dentist, are not perpetrated with malice aforethought and are presumably incurred while trying to remedy some medical or dental disability. I wonder if it would be unduly cynical to suspect that judges regard medical injuries as "insurance cases" and treat them accordingly by awarding large damages, secure in the knowledge that the doctor or dentist will not suffer personally because of his unlimited indemnity.

While I accept that patients must be adequately compensated for injuries sustained at our hands, it seems wrong that doctors and dentists should be penalised for using their skills. Let us hope that the publication of the report of the Royal Commission may itself result in fairer compensation assessment. Out-

landish settlements cannot be entertained from society funds when the premiums are being paid by such a relatively small group of the population.

I am sure that virtually nobody can criticise the functions of the societies. They provide a valuable support to anyone accused of any form of negligence and are a useful source of advice in a multitude of medical dilemmas. The medical and dental professions will undoubtedly continue to subscribe to the society of their choice and the societies will, with equal certainty, continue to give the professions the service that they require. Nevertheless, medical salaries have not increased tenfold over the past few years and the amount demanded by the defence societies now represents a significant proportion of that income. Have we reached the stage where indemnity for doctors and dentists employed within the Health Service either at a hospital or in general practice should be paid by the employing area health authority? The answer must be yes, not only to bring us in line with most other professions, in which insurance is paid by the employer, but also because we cannot allow our low incomes, obtained by working excessive hours, to be further eroded, not only by the inevitable inflation but also by these hidden charges on our skills.

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¹ Royal Commission on Civil Liability and Compensation for Personal Injury, *Report*. London, HMSO, 1978.

Shortage of cocaine hydrochloride

SIR,—I should like through your columns to draw attention to the worldwide shortage of cocaine. The Department is making every effort to maintain supplies, but the shortage, which is due to changes in manufacturing processes, is likely to last for some time.