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MEDICAL PRACTICE

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CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Are consultants accountable?

SIR,—Dr Anne Grüneberg writes (1 November, p 1175) that consultants are accountable to their patients, the regional health authority, and their peers. *BMA News Review* (November, p 12) insists, "Doctors are clinically responsible to no one but the General Medical Council." I've said these things myself, but now I wonder.

Can one really be accountable to patients, who have the power to act only as individuals through the complaints procedure about particular incidents, which have to be pretty serious and well proved if there is to be any noticeable sanction on the doctor? Many have not the courage to complain, and none is in any position to make an overall appraisal of a doctor's performance.

And is it realistic to think of doctors being accountable to a regional health authority whose members and officers may never see a consultant throughout his entire career? Large organisations that hold contracts at head office do not expect accountability to lie there but delegate the responsibility to people who can see what is going on. Peer review or medical audit is uncommon and always optional.

And surely accountability to the General Medical Council is an aspiration for very low standards, where there are sanctions for only gross misconduct, negligence, or criminal behaviour.

Within the normal meaning of the word, therefore, consultants are accountable to no one.

Accountability, of course, is not just about imposing sanctions for poor performance. It is about identifying problems early and helping to resolve them. It is about ensuring that action is taken to alter work responsibilities if someone is failing to cope. In conversations with consultants one hears concern expressed that no one takes responsibility for helping a colleague who isn't coping. Thus there are consultants whom people gossip about, complain about, and who, through eccentricity or just aging, have declining caseloads and credibility. It is damaging for the individuals concerned and for the profession. That there has developed in recent years an increasingly elaborate and secret system of checking on sick doctors who are close to clinical catastrophe is not reassuring but symptomatic of an unresolved problem.

Dr Grüneberg mentioned that consultants who look after budgets may have some limited accountability to general managers. But whether or not consultants hold budgets general managers have potential for powerful sanctions, because they control all resources, and one has heard stories of doctors being stripped of junior staff, beds, and so on when their performance has been so bad that even their medical colleagues condone tough managerial action. But it is a degrading process for manager and doctor when the manager can only impose sanctions without also being able to guide and help, which is what makes the accountability process healthy.

I note that the Central Committee for Hospital Medical Services is considering setting up a professional panel to deal with consultants who are said to be falling far short of contractual obligations. It sounds too remote, impersonal, and formal to convey any of the usual benefits of a personal accountability process and can address only very minimum standards.

Managers appraise managers, nurses appraise nurses. I wonder if consultants should be exploring the feasibility of a personal accountability system as the general public becomes increasingly aware that doctors, like other human beings, need their work performance monitoring. Those who have had individual appraisal throughout their careers say it is more encouraging than critical.

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What is a good GP?

SIR,—I read Ms Susan Holmes's article (29 November, p 1411) with a sense of mounting anger. Perhaps she was just trying to provoke doctors like me. I think not; I would not wish to accuse her of bad taste. Her view of the past—general practice before 1948 and in the early days of the NHS—is rose coloured and naive. It is not unlike one's recollection of childhood summers. I did not practise medicine then. However, my older patients and elderly friends and relatives have different recollections. They never saw a doctor in their homes as children. Unless you were "on the panel" a doctor's visit was a rare luxury. Anyway it was acknowledged that most mothers, helped by grandparents and aunts, coped with most illness. If the doctor appeared it was pretty serious.

I was a doctor such as Ms Holmes describes in the mid-1950s and 1960s, the "exclusive property" of not one but hundreds of families—always at their beck and call, day or night. I also remember what it was like in the winter after a week of heavy days and nights of interrupted sleep. My patients could always see me, my family certainly could not. My children recollect a childhood with an absent doctor father.