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A Good Service Needs Good People

SIR.—“Talk softly, but carry a big stick” was Teddy Roosevelt’s sound advice to the militant-minded of his generation. Our big stick in hospital medicine—the “ultimate” deterrent—is resignation. But it is very bad strategy to threaten without the serious intention or even possibility of using the weapon should it prove necessary. To utter idle threats is a sure way of vitiating the effect of proposed sanctions in the future and will lead to a serious weakening in negotiating powers. Those of us not cushioned by private practice would be unlikely to take the advice to resign—who would pay the butcher and baker at the end of the first month? Or the second month? Do the advocates of resignation really imagine the hard-headed men in Government—seasoned industrial warriors all—could not hold on for two, three, or even more months while perhaps our less disconsolate juniors filled in the gaps? And even if we joined forces with the junior staff—a policy not even suggested by the hard-liners thus far—do we really think that even then our deterrent will deter? Even the miners found it necessary to picket oil-fired power stations before the country’s economy was really disturbed. I cannot imagine that hospital consultants would wish to resort to an analogous extension of their strike effort; quite the reverse, for most of us would not be prepared to let our patients suffer in this cause. So resignation is a dead duck and we should stop talking about it. Emigration is too slow and ponderous a weapon to use against politicians to whom “a week is a very long time.” Ultimately it does exert a significant effect, but only after a number of ministers and governments have come and gone.

Can we then bring any useful pressure to bear on our employers? Yes, I believe we can in the following ways.

Firstly, we must mount a convincing publicity campaign to show the public just how badly the Health Service is running down, that to improve it is our main concern, in everybody’s interest, and that to do so we must maintain and improve the quality and numbers of staff in it—not only doctors but also nurses, physiotherapists, radiographers, and so on. To accomplish this we must make the careers satisfying and financially rewarding to compete with other occupations in this country and abroad. The Minister must be supported when she says that people are more important than bricks and mortar, but she herself must be persuaded that to attract and hold on to high-quality people you must reward them sufficiently for the difficult, demanding, and often unpleasant tasks they perform. In the nature of their training highly skilled hospital personnel, especially doctors, are welcome in other countries and many will demonstrate their mobility if job satisfaction and financial recompense are inadequate here. We must shout it out—a good service needs good people.

Secondly, certain quasimedical tasks could be completely abandoned without jeopardizing our patients’ health: (1) Life insurance examinations; those seeking mortgages would be seriously inconvenienced. (2) Routine examinations on airline pilots and the like could be stopped; this would ground a few dozen planes every week. (3) Industrial injuries examinations could be allowed to lapse. (4) All examinations and investigations for legal cases should be refused.

Other measures could no doubt be used

also—provided that no direct harm is done to sick people I believe that this would be ethical and understood by the public. Their effectiveness would naturally depend on whether “blackleg” doctors could be persuaded to desist from their independent (and rewarding) activities. Here we see the value of a limited profession or “closed shop.” To be effective in these days we must be prepared to surrender some of our renowned independence—not to the Government but to each other. The divisive and unseemly bickering between consultants and juniors and between hospital and family doctors must be controlled as a matter of urgency.—I am, etc.,

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SIR.—It is no consolation to know that on several occasions since 1947 I have reminded my colleagues that in dealing with a ruthless and cynical employer, such as the State, doctors will require to have teeth just as much as any other negotiating body or union. Our forbearance in refraining from any clinical action which might hurt the patient is treated with the contempt with which the armed criminal treats the unarmed policeman. Hitherto, it has been only the knowledge that there is a second string or line of defence in private practice which has restricted the Government’s activities in altering the National Health Service. If the Government achieves its monopoly, as it is ruthlessly attempting to do, there will be no way of limiting its oppressive hold on hospital staffs of all grades except by united strike action.

In order to achieve unity it is essential