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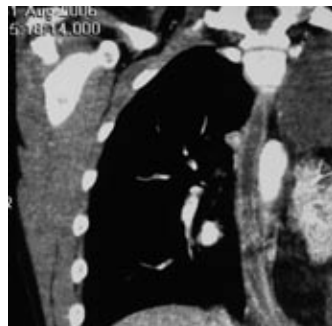
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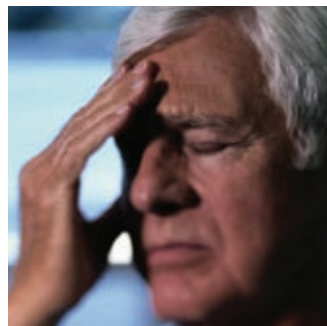
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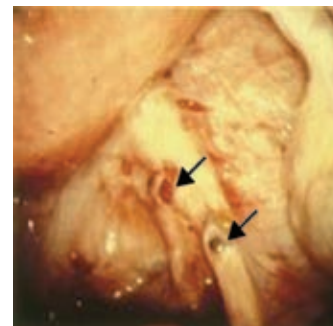
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PICTURE OF THE WEEK

Soldiers of the Paraguayan army empty rain water from a discarded tyre to destroy mosquitos' breeding grounds and halt the epidemic of dengue fever in the capital, Asunción

THE WEEK IN NUMBERS

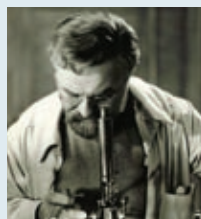
5.5 Mean difference in IQ between 30 year old vegetarian and non-vegetarian men (Research p 245)

£1.5bn Annual cost of headaches to the UK economy (Practice p 254)

3 out of 4 Key contributors to papers, often drug company statisticians, who are not listed as authors (News p 223)

48 hours The crucial first two days to improve outcomes in acute medicine (Editorial p 218)

70 The number of films that include antibacterial drugs in major, supporting, or merely rub-on roles (News p 229)



THE WEEK IN QUOTES

"Proxies of depression severity were more common among venlafaxine users than among those using comparator drugs" (Research p 242)

"Doctors' self interest manifests itself in two ways: enhancing personal income and protecting clinical autonomy" (Head to head p 234)

"Pull the race card and whatever the outcome the complainant is damaged" (Personal view p 260)

"Some patients continue to use hair dyes even when advised that they are allergic and risk adverse reactions" (Editorial p 220)

"The NHS and the private sector are bitterly opposed" (From the front line p 262)



ON THE COVER

How much are doctors worth?

See Head to Head, p 232
and Observations, p 236

COVER IMAGE: MALCOLM WILLET

EDITOR'S CHOICE

How much should doctors earn?

Everyone wants a health service manned (and womanned) by experienced, skilled, motivated, well informed doctors. Most people would agree that we have to pay for these things. The million dollar question is, how much?

Are British doctors really earning the amounts being quoted in the press? Many doctors I talk to don't recognise these large sums. In this week's Head to Head debate on whether doctors' self interest is ruining the NHS (p 235), Laurence Buckman explains that the headline figure for average earnings for general practitioners, £118 000, is an overestimate because it doesn't take into account the need to pay employees' pension contributions. The BMA also says that the figure is based on a biased sample including too many high earning dispensing practices. According to Hamish Meldrum, chair of the BMA's GPs Committee, in 2004/5 self employed non-dispensing GPs were earning on average around £95 000. Buckman says that most general practices have seen profits fall in real terms as expenses have risen.

Are British doctors overpaid compared with doctors elsewhere? Newly released figures from the UK Treasury suggest that even three years ago, before the recent pay increases, British doctors earned well above their European counterparts (p 236).

But whether these levels of remuneration are appropriate, and whether they have arisen through government bungling or brilliant BMA negotiation or both, they have consequences for medicine and health care in Britain.

Firstly, there is the risk, as Alan Maynard argues in his side of our Head to Head debate (p 234), that the move away from traditional non-financial incentives to payment by results undermines public service values. No longer are doctors trusted to behave efficiently for the good of their patients, they must be "incentivised" to do so and then policed, which increases the cost of every transaction. Nor is he convinced that the incentives are either evidence based or delivering better quality care. As reported by Michael Day (p 236), John Appleby believes this is where the government is already at work, seeking to regain lost face and to squeeze out more politically inspired productivity in return for existing levels of pay. And this is where the faustian pact—more money for less and less clinical autonomy—may begin to bite for doctors.

Secondly, there is the private sector waiting in the wings. A few weeks ago Bill Irish asked "Is greed good?" (*BMJ* Career Focus 2007;334:6). As a GP himself, he described how the new GP contract provides a powerful incentive to exploit nurses and salaried GPs in order to drive up practice profits. "I believe that we will end up paying a price for our short term greed," he wrote. "Commercially astute businesses are already eyeing us up with the light of avarice in their eyes." As one GP friend of mine put it, general practice in the UK is being fattened up for takeover. Will today's UK doctors be too fat to compete?

Pay deals have consequences. Just so long as we know what we're doing.

Fiona Godlee editor (fgodlee@bmj.com)

PLUS

In this week's
BMJ careers

Tales of a professional witness

**Seven essentials before
beginning a job**

MEd in surgical education

Sites for sore eyes

MRCS express

What's new at the
BMJ Group:

- Registration now open
International Forum on Quality & Safety in Health Care
18-20 April 2007, Barcelona
www.quality.bmjgroup.com
- BMJ Masterclass for GPs:
Respiratory Medicine
Friday 16 March 2007
New Connaught Rooms, London
Register at: www.bmjmasterclasses.com
- BMJ Learning
Log on to the best available learning service for medical professionals. Choose from over 300 modules to test and improve your clinical knowledge. New content added weekly. Visit: www.bmjlearning.com
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