



**Jon  
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chews  
the cud**

## Delinquent brainchild

The Committee on the Safety of Medicines has suspended the license on Opren, the last-but-one wonder drug, in view of the very large number of reported adverse reactions, and in particular 38 deaths said to be associated with its use.

It is bad luck for any drug company when its brainchild starts displaying features of delinquency, and very bad luck when that company happens to be Dista, but I cannot find it in myself to weep for them overmuch, in view of the strategy they used to market the drug initially.

Most GPs will remember that the first news they had of Opren was from their arthritis cripples, who had read about the "dramatic new hope" for sufferers in their daily papers, and came clutching the cuttings and begging to be given this new miracle treatment. At this stage there had been little or no advertising in the medical press, and certainly no circulation of relevant clinical and pharmacological data to the profession. As a result, most of us were forced to admit that we knew very little about it. This immediately lowered the esteem in which the doctor was held by his patient, while elevating the mystery and worth of the wonder drug ("They've only used it in the most advanced centres—my GP hasn't even heard of it!").

Thus caught off guard, the doctor was in no position to offer tedious old Feldene, from the

year before, or antediluvian Froben, the breakthrough-before-that. So he prescribed Opren ("Even the chemist hadn't heard of it!"), and Dista's market share got off to a flying start without the firm having to work too hard to establish the preparation's worth. In the event, of course, despite its novel action, the evidence so far has shown benoxaprofen to be in practical terms just another non-steroidal. The lame have not leaped for joy.

Of course, it was the press, and not the manufacturers, who made those initial extravagant claims—what a pity news about the drug leaked out early. Of course, it was printing and distribution difficulties which prevented GP access to product information before the press releases. Not Dista's fault at all.

But in future, chaps, couldn't you just let the drug sell itself?

## Do you want to be a hemi-jobsworth?

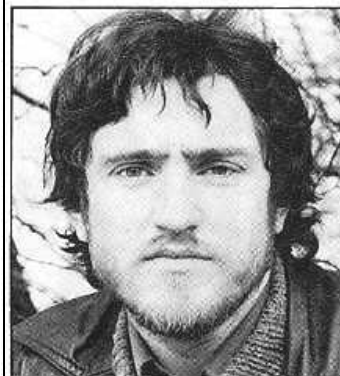
Job sharing is in the news again. Part-time work is the pattern of the future, they say, and to have employment at all will be regarded as a privilege.

Well, OK. But to which jobs, exactly, is this evolutionary change going to apply? It would be very interesting, for example, to see the effects of jobsharing in the arts. Imagine going to see the Rolling Stones and finding there was just a rhythm section, it being Mick and Keith's day off. What excitement to see Elizabeth Taylor in her West End première, and wonder all the way there if she'd be shopping, and her place taken by somebody on the Youth Opportunities Programme. Try to envisage the latest book by John Le Carré, with alternate chapters by his co-author, Jeremiah Baidoo—or even this column, half-written by Potiphar in the Demotic.

You can bet your life that the man who runs his own bicycle repair work-shop will still be joining his wife and kids after dark, when he's done his VAT returns. You can be sure that the

Wardens of Salvation Army hostels are not going to be off playing golf after a three-day week. I wonder if the Government is arranging for these people to be paid double what the two-day a week bus conductors will be getting? And of course you can be certain that nobody from the GMC to the patients themselves is going to tolerate having a half-time GP.

I am not even sure I want them to tolerate it. While it need not be detrimental, and may even be constructive, for one's patients to be seen by a partner, or a deputy on occasion, I'm blown if I'm going to have some incompetent, whom I've never met because he's always off-duty while I'm at work, putting his big boots in the



**"Family medicine will not be much fun with jobsharing."**

middle of my psychotherapy, or changing my carefully balanced drug regimes. The main (and possibly the only) virtue of our present system is that it enables a stable relationship to develop between doctor and doctored—patients already complain that it's hard to see the doctor of their choice. Family medicine, I think, will not be much fun with jobsharing.

It is clear that this vital new development the politicians describe to us will be for some, but not for others. I challenge anyone to find a prime minister past, present or future, who would be willing to share even a fraction of his or her job with anyone.▪