Folie a deux?

Dr John Ball, of the GMSC, and Dr Mike Rees, the junior hospital doctors' spokesman, are said to be preparing a joint paper to present to the DHSS, which will advocate the employment of larger numbers of general practitioners in hospital departments.

On the face of it, it is a little hard to see how the two branches of the profession would benefit from such a move. Dr Rees is quoted as saying that GPs are likely to have more experience of running departments than junior doctors. While in many cases this is undoubtedly true, such a self-effacing view is surprising in a profession such as medicine. It could equally be applied to any part of the junior doctor's workload, most GPs having delivered more babies, put up more drips and performed more appendicectomies than at least the lower hospital grades.

Perhaps more revealing is his suggestion that staffing the casualty departments with GPs would free juniors for more work on the wards. At a time when the Hospital Junior Staff Committee has been seeking a practical way of decreasing junior doctors' hours of work, this must appear a useful way of providing the extra staff required. However, the sticking point as far as the Government is concerned is not a shortage of doctors, but a dearth of funds with which to pay them. Politicians are likely to see the plan as a means of reducing medical staffing, rather than increasing it. Medical unemployment, which would affect mainly Dr Rees's section of the community, might be greater as a result.

The GMSC position seems more obvious, but may not be. Hospital work is a useful source of extra income to many GPs, as well as an intellectual stimulus. But Dr Ball and his colleagues have also been observing an NHS reorganisation, in which a substantial minority of the new district health authorities have chosen—in accordance with their new rights under the reorganisation—to dispense with their District Medical Committees. These advisory committees, introduced with the old new reorganisation of 1974, consist of equal numbers of representatives from general practice and the hospital service.

Where authorities have chosen to do without them, their sole source of professional medical advice will come from the hospital-based MedicalAdvisory Committees, whose members are the hospital consultants, plus any GPs who happen to be involved in running hospital departments. In other words, GPs in many areas will have lost all influence over the policy decisions of the DHAs.

The Local Medical Committees, and the GMSC, have publicly stated their support for the District Medical Committees. Perhaps they reason that, if those districts which have disbanded them cannot be induced to reverse their decision, importing GPs into the hospital service will be the only way to regain a degree of representation.

Whatever the real motivations behind this joint plan, there is much to be said for any move which increases the links between medical practice in hospitals and in the community. However, in a time when there is a trend towards the devolution of more and more medical activity from hospitals into the outside world, it seems paradoxical, to say the least, for GPs to be recommending that they should spend more of their time and energy in hospitals than before. Perhaps they should instead be trying to increase the resources being channelled into their legitimate area of concern.■