

problem. Where possible, any minor physical defects should be corrected, and if possible the transition from work to retirement be phased over a period of years rather than weeks or even days.

After the sustained concentration of the scientific sessions, the visitors to Exeter were in the mood for relaxation in the evening. The Dartington String Quartet gave a concert in the impressive Chapter House at Exeter Cathedral—fine music complementing the majestic dignity of the beautiful cathedral in its close. As an alternative, the Hastings Wine Club had arranged a tasting of fortified wines in a university hall of residence—as always with the Hastings Club, a popular and successful occasion.

### Life in the country

As the third successive fine day dawned, we reassembled for an account of the drawbacks of life in a rural setting. In the first lecture Dr J T Smyth brought us into contact with the grim realities of farmer's lung (though few had guessed that as a patient he would produce an elegantly dressed young Frenchwoman, who had contracted the disease shortly after marrying a Devon farmer). Prevention of exposure to the mould remained the cornerstone of treatment, by the use of masks and preventive sprays during hay-baling.

Another hazard of tumbling in the hay—unwanted pregnancy—provided the theme for Dr R Snowdon's account of intra-uterine contraception. After paying tribute to the pioneering work of Dr Margaret Jackson, Dr Snowdon argued the case for closer control over the use of IUDs. All devices should, he

suggested, be subject to controls by the Medicines Commission; there should be some system for the monitoring of the adverse effects of their use, especially those with a low incidence of these; and a training programme (with certification) should be required for all doctors fitting IUDs.

The Ministry of Agriculture's responsibilities for the control of occupational hazards was described by Mr D Wellstead. Accident statistics had improved—and would improve still further as more tractors were fitted with safety cabs—but too many children were still killed by farm machinery. The inspectorate had a dual role: enforcement of regulations and educating farmers and their staff about the safety measures that were now available.

Finally, the city visitors were yet again surprised by accounts of two little-recognised features of country life. Pure water supplies cannot be taken for granted in a rural environment, said Dr B Moore, and contamination is always possible in areas where multiple local sources are used. Longer term, however, the effects on health of the chemical make-up of water supplies was likely to be of growing importance—and in particular the effects of soft water on cardiovascular disease.

The influx of tourists into Devon each summer provided another stress—the overloading of the health services. Dr J Lyons showed us dramatic figures of the numbers of visitors—three times the home population come into the county each year, almost all in the summer months. While general practitioners received payment for the treatment of temporary residents, there was no such provision for the hospital service.

## Letter from . . . Chicago

### New livers for old

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"The State of our Union is better but not good enough" reported President Ford in his message to Congress; and he made a plea for a new realism, common sense, federal budget restraint, and an easing of Washington's bureaucratic controls. "We thought we could transform the country through massive national programmes" said the President, "but the time has come for a fundamentally different approach," for a new balance between government and the private sector, and for greater local and individual self-reliance and initiative. No massive new health programmes are planned for this election year, with the possible exception of an insurance scheme against catastrophic illness for people already covered by Medicare. There might be consolidation of various separate federal programmes, but, in the words of a Washington correspondent, "national health insurance is dead as a dodo," at least for 1976.

The President also promised that his administration would enforce the antitrust laws to foster competition and reduce prices. And earlier in the year the Federal Trade Commission filed an antitrust complaint against the American Medical Association, charging that its ethics code violated federal law by banning advertising and restricting competition among doctors.

### Goldfarb decision

The impetus for the complaint seems to have arisen from a recent unanimous ruling by the US Supreme Court against a local bar association in a case of alleged fee-fixing. In this ruling—the so-called Goldfarb decision—the Court refused to distinguish between "learned professions" and other forms of industry or commerce, thus setting aside the long-established presumption that professions were immune from the provisions of antitrust laws. The Goldfarb decision may affect not only lawyers but also architects and engineers, and in medicine it could apply to fees, agreements on referrals, limitations on student entry into medical schools, exclusion of foreign graduates from practice, and also to advertising.

It is in advertising that the commission is now directing its efforts. Having addressed itself to restrictions on advertisements for drugs, eyeglasses, and contact lenses, and having cracked down on some doubtful practices of funeral directors, used car dealers, and real estate agents, it is now ready to take on the doctors. "There can be no dallying," said the deputy director of the competition bureau, "in bringing the practice of the professions in line with antitrust laws." Present arrangements, it is claimed, have fixed and stabilised prices, stifled competition, and deprived consumers of the information required to select a doctor.

The doctors, however, are far from convinced. "After all, we do not sell sausage," commented one internist. "We sell knowledge, and knowledge is something you cannot put a price tag on." Others disagreed with the view that advertising would

reduce doctors' fees and thought competition on the basis of advertised fees might force doctors to see many more patients and thus lower standards of care. Only a few took the position that doctors' fees should be advertised in some form—though not through conventional advertising—and that this might help avoid excessive medical bills.

The American Medical Association was given 30 days to respond to the charges. An administrative hearing or a court case may ensue. Already officials of the AMA have issued a statement calling advertising the antithesis of professionalism and claiming that present standards of conduct serve best the patient's interests. "We think there is enough hucksterism in this country without hucksterism in medicine," the statement concluded, "and we are going to fight it." The public, it was also pointed out, might mistakenly believe that doctors with the higher fees were better qualified than those with lower ones, which would be defeating the original intent. Yet several consumer groups want doctors to be able to list their fees and qualifications in local consumer guides without facing sanctions for unethical conduct; and at least one newspaper thinks doctors should discreetly inform the public of their fees, experience, qualifications, and memberships in professional societies, also whether they expect immediate cash payment, would accept Medicare and Medicaid patients, make house calls, and are affiliated with the local hospital. And since, according to some writers, the risks of choosing the wrong doctor are greater than the risks of tasteless advertising, we look forward to bright neon signs promoting package-deal cholecystectomies, liver transplants at off-season prices, or perhaps simply "New livers for old."

#### Which stuffing ?

It is scarcely possible, to think of livers without recalling the inroads of bureaucracy into the great anserine celebrations of the nativity. This time the planners scheduled a series of programmatic and budgetary meetings as well as several executive sessions on the subject of French versus German stuffing. They also followed to the letter the legal requirements that bids for birds must be posted for thirty days and that specifications must be set out in full detail. Moreover, the instructions clearly said that to cook your goose she must be young and weigh no more than twelve pounds (967 international milligoose moles); a goose more than 18 months old should not be eaten but kept as a watchdog to ward off the Gauls, especially if she is a Mother Goose that lays golden eggs.

As soon as the bird arrived trouble broke out with both unions and management over who was to do what. Removing the liver, stomach, and heart from the beast's pelvic cavity was enough to give one goose-pimples and should have been handled by an anserine internist or a goose-necked hepatologist. Rubbing the goose-person well all over with a tablespoon of salt was the job of a goose-oriented nurse. Rubbing the inside of the carcass with garlic and moistening it with Burgundy was fortunately considered an optional procedure. Grinding the livers, onions, and coarse bread crumbs into a stuffing clearly required the services of a dedicated and preferably good looking young dietitian, not an old goose. Stuffing the anserine coelomic cavity—a process clearly related to embalming—was probably a function of the mortuary department. But don't pack it too tightly—the cook-book said—suggesting that this should have been done in the first place by the mailing department. And where was the janitorial department, now known as "environmental services," to clear out the constantly reaccumulating piles of goose-garbage ?

The final dispute was over who should carry the wretched bird into the dining room—a task now usually accomplished by a separate transportation department. Clearly the preparation of the Christmas goose had been mismanaged, but what can one expect from a cottage industry? Next year the planners will reorganise our kitchen in a goose-stepwise fashion and develop a modern departmental structure with a definite table of

organisation, a bureaucratic goosetrap that will allow nine people to do the work of one. But the company found the gooseflesh delicious, an acceptable form of peer-review and audit, though lacking the positive qualities of a problem-oriented approach.

Now from goosery and goose livers to dogs and dog livers: a fashionable lady from Chicago's Gold Coast had a small dog whom she loved and whom she would dress up in a little winter coat to stop him from catching cold. But the dog did catch something, and she took him to a veterinary surgeon who was also in charge of the animal laboratory at the University Hospital. The vet diagnosed congestive heart failure, but unable to determine the cause, he sought the help of the director of human cardiology and his staff.

Three board-certified cardiologists examined the animal. They found cardiac enlargement, venous distension, and hepatomegally, and confirmed the diagnosis of heart failure, which they attributed to a cardiomyopathy. The dog, however, was slipping fast. Many tests were performed in the human biochemistry department, and the results of all were normal—including the serum transaminases. In desperation the lady took him to another vet, but the dog died soon afterwards.

Now it seems that the second vet performed a necropsy, apparently missed or ignored the cardiac changes, and told the lady that her dog had died from hepatitis. The lady was indignant and would have sued, had the dog been worth more than \$200. She wrote to the Department of Registration asking that the first vet's licence be revoked because he did not know how to diagnose hepatitis. She had no success; but the story shows how carelessness, loose tongues, and high expectations help perpetuate our never ending malpractice crisis.

#### Pet rocks to lighten the doctor's load ?

Finally, an item illustrating the value of positive advertising: last year at Christmas a California manufacturer sold over one million small stones and in the process earned over \$2m. The stones, designated "pet rocks," were each packaged in a cardboard box, padded with straw for comfort, and perforated with holes for ventilation. A special booklet provided apprehensive owners with instructions on how to calm down their pet rock if it gets excited, how to house train him, and how not to expect him to stand because he has no legs. Also how to behave when he turns on you, how to take care of his health, how to contact the taxation department if blood comes out of the stone (they have been trying to do this for years), how to handle a chip of the old rock, and, finally, what to do when the pet reaches rock bottom. Since the gift is said to be perfect for people who love pets but hate animals or are allergic to them, a special section might also be included on French cooking, explaining how pet rocks could be roasted and stuffed with chicken livers for Christmas.

For those too sentimental to devour their pet rock, an appropriate course might be to train him to perform the simple clinical tasks of taking histories and examining patients, which nowadays occupy so much of the time of our paramedics and nurse practitioners. The suggestion is not as outrageous as it may seem at first glance: already paramedics and nurses have successfully replaced doctors, thus allowing them to spend more time in committees, audits, peer-review activities, giving lectures, and filling in forms. Now it is time for the pet rocks to lighten the load of the paramedics so that they too may join in these activities. Patients could complete a questionnaire, and have a few blood tests and a total body multicolour computerised-axial-tomography-scan; the pet rock would then review the data, make all the simple decisions, and refer only the most complicated cases to the paramedic or nurse practitioner. The doctor would never have to see a patient, but a high quality of health care would be guaranteed by a utilisation committee consisting of doctors, nurses, pet rocks, and consumers. Some of these points, however, will be further discussed in the next letter in the context of the rare disease *poikilodokia simplex*.