



There is talk of money in the swamp. It is mostly an embarrassed and rather uncomfortable talk. There are, of course, reasons for this discomfort. It is not because doctors' incomes are excessive. It is not because doctors charge too much for their services. Rather, it appears to this old swamp rat that there are two main reasons why talk about money takes place in small rooms behind closed doors.

The first has to do with the nature of the work that we do. People, mostly, do not intend to become ill. Health care is an essential, not an option. We all know how difficult it is to charge the young solo mother who calls us out in the middle of the night because she is worried that her feverish, snuffly baby might have meningitis. How much easier it is to send her out an account. I guess that's one of the main reasons that we have receptionists. These are the front line workers who protect their employers from the patient's wrath when there is a complaint that the service does not appear to warrant the fee.

The second is about control. For a long time this has been, and continues to be, at the root of the conflict between the provider (the doctor) and the major funder (the Government). Recently I re-read Dr J B Lovell-Smith's book, *'The New Zea-*

land doctor and the welfare state'. It was published in 1966 and is still an interesting read for those who believe that we can learn from the mistakes and the successes of the past. The book is about politics, money and control. Lovell-Smith (an Auckland GP) quotes from Dr J P S Jamieson who wrote in 1942:

'The profession is determined that its tradition of service to the people as individuals and human beings, not as pathological entities, will be preserved in this country. It will not submit to a condition of State helotry.'

Our diffidence about charging and our warm embrace of third party funding has resulted in a change in the public perception of the worth of medical care. Two recent experiences come to mind.

The first involved a family of four who were involved in a car crash allegedly caused by a tourist who drove into their car when he crossed onto the wrong side of the road. All four occupants arrived at our medical centre and were ushered straight to a consulting room where they were consoled, examined and helped to make arrangements for their collection and return home. The tourist, incidentally, was also examined, but in a separate room from the family. Fortunately their injuries were confined to seat belt contusions and bruised egos. We sent them an ac-

This is a column written from the swamp. The term is taken from the book by Donald Schon¹ where he talks about the crisis of confidence in professional knowledge thus:

In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.

count for \$10, a token surcharge; perhaps it should have been more. A week or two later we received a letter telling us, more or less, to put our account where we would normally put our proctoscope and suggesting that, if anyone should pay, it should be the tourist who caused the accident!

The second was a young woman visitor who phoned in the evening requesting a consultation for her

young child who had a cold and a fever. No problem, the patient was met at the medical centre within 10 minutes, dinner preparations being put on hold. The child was examined, a viral infection thought to be the most likely diagnosis and the appropriate advice was given. Mother was satisfied until she was informed, with some embarrassment, that the call out fee was \$25. She was quite upset with this and said

that children under six years old were seen free at her own medical centre. The fact that this was an out-of-hours call-out fee was explained and mother reluctantly agreed to pay but asked for a receipt so that she could claim it back from her own medical centre!

Money is, and will continue to be, an issue for patients and doctors. We will continue to talk about it in small rooms behind closed doors.