



As a lowly small-town GP I have the privilege (still) of seeing patients on behalf of the Accident Compensation Corporation, and they, in turn, have the responsibility of providing me with a yearly assessment of the quality of the care I am providing. I look forward to these reports anxiously each year and wait with bated breath to see just how well I am doing. I hope you don't think I am boasting, but I am really proud of my latest results.

They looked at my management of ankle sprains for the year 1 June 2000 to 1 June 2001 and gave me some real insights into my clinical performance. It seems that I made 23 claims for this diagnosis in the year and the average number of visits was 1.2 per claim. This was well below the average of my 210 peers and placed me 56 out of the 210. Actually I think they got it wrong because I calculate that my average number must have been 1.2173913, because obviously people can't visit me any less than once. What that really means is that four people came twice. I am now in a quandary as to what to do next. Should I tell these four people not to come back for any reason, get my average down to one and place me higher, or should I ask five more people to come back a second time and get my average up to 1.4? Unless the ACC is offering grand prizes for the best doctor in ankle injuries, the answer is obvious – I should increase

the number of visits because that would earn me another \$200 per year.

Someone once said that the story of 20th century medicine was “the magnification of minutiae and the neglect of the momentous”. This data is certainly not momentous – in fact is really dumb and anyone who knows anything about the way that general practice works must know that. But somebody is being paid money to produce this rubbish, although ACC is good at paying people for producing rubbish. Like the people who decide whether our patients' claims should be accepted or not. There is a notion that these are poorly educated clerks but this is not true. Word is that they are all graduates in English literature and theatre studies, and their role is to judge the dramatic quality of the part in the ACC form which describes how the injury happened. The Rat always fills this in for the patient now because so many patients understate their injuries. Recent examples include a child who stuck a plastic clothes peg up her nostril. We put in a claim but it was turned down and the nicely spoken doctor (PhD) in the Dunedin office told me she had taken that strategic decision because it was not explicitly stated that any injury was caused. Anyone who knows the relative sizes of a plastic clothespeg and a two-year-old's nostril would know that, but not the English graduate. You must write it down and make it a good story.

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.

This is the organisation which made a loss of \$313 million in the last fiscal year and yet they go to all that trouble to save a few measly dollars from the unsuspecting public and their doctors. All this is part of what James Willis calls the “giving-doctors-orders” industry, an attempt by people in high places to get rats like us to mend our ways by presenting us with a reductionist view of my world. In his new book *Friends in Low Places* he addresses this problem as follows: *“It is high time we as a society paid more attention to the viewpoint of people doing real jobs, in daily contact with real people. For some time now the view of the people in ‘high*

places’, using their management techniques and statistical models, has been assumed to be generally more valid than the view from ‘low places’.

My book, written from the basis of my experience of a career as a family doctor in a small town in southern England, with an interest in personal-scale medicine but also a great enthusiasm for technology, shows that in important respects things are actually the other way round.”

As a rat, I can tell you all about the view from low places, and ACC is not the only organisation to present me with this kind of rubbish. My own IPA does it too, sending me meaningless statistics on how my prescrib-

ing varies from ‘Dr Average’ without knowing anything about all the other factors which might distinguish us, such as our referral rates or even our death rates. I may be a rat but I am one with teeth and not one of your little NZB mice to be experimented with. So order the book and write back to all these organisations who ply you with meaningless statistics and demand an explanation. Make life difficult for them by asking “What is your margin of error?” or “Can you give me the latest figures for Tussock Creek?” Maybe then they’ll go away, but I doubt it.

Read all about James at:

<http://www.friendsinlowplaces.co.uk>
