Chaos at the cash register

Whatever complicated subsidy arrangements are set up to help pay general practitioners for their services, the patient will naturally focus on the fee that s/he pays directly.

That fee now shows astonishing variations. For a single consultation, and depending upon the age of the patient, it can be only a few dollars, or it can range up to $60 for an adult. It relates to where you happen to live, and to the doctor whom you choose.

Let us turn back the pages. The most common direct fee in 1960 was about 5 shillings, the equivalent of 50 cents. Any doctor now asking $50 for an ordinary consultation is charging 100 times the going rate of 50 years ago. I know of no other financial transaction that has undergone such a precipitous rise. There is general agreement that all monetary inflation is bad, and that high inflation is disastrous. Over the period I have chosen, inflation has bled the dollar down to one-thirtieth of its value, and that is shocking enough, but a 100–fold increase in the direct medical fee invites scrutiny.

We are repeatedly reminded that the government, spellbound by the notion that good primary care keeps people out of hospital, has poured millions into general practice. Where, then, did it all go? Mysterious forces introduced without proper consultation both the Primary Health Organisations (PHOs) and the capitation system for partial payment of general practitioners. The PHOs and the capitation method of payment were totally unnecessary and it now looks as if they have become powerful cost inflators. What does the Royal New Zealand College of General Practitioners cost both intending and current members? If it doesn’t tell us, we shall never know.

Faced with a large direct fee, the patients are now orchestrating the consultation. They are doing their Internet researches before they go and see the doctor. They prepare a list of questions and that takes up a good deal of the paid time in the consultation room. Some are telling their doctor to look at them rather than the monitor linked to the computer, and, if they think they can type the information into their records faster than the GP, they are offering to do so. They want to maximise the return on their money, and stress levels are rising all round.

If GPs believe that all their capitated patients consult them for all their minor ailments, they should go along and sit in in the Casualty Department of the local hospital. A lot of people won’t go anywhere else.

The most objectionable feature of the wretched capitation system is the additional fee charged to the hapless patient who, unable to see his or her own doctor because they aren’t there, goes and sees the GP down the road. The penalty for this infidelity can be as much as 50% added on to the cash fee charged by the “casual” doctor. The historical arithmetic I have used for doctors’ fees would, if applied to motor vehicles, price the humblest family sedan at well over $100,000. Long before that point was reached somebody, somewhere, would have had something to say about it.

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