

basis. Perhaps interested doctors could contact me, with a view to exploring the problems, and to setting up a job share register.

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Medical insurance fees

DEAR SIRs

Dr Lucas asks for our opinions on defence subscriptions (*Bulletin*, March 1988).

The annual fees are high and increasing alarmingly. Our speciality holds a lesser risk than many; however, differential insurance fees will directly lead to differential incomes as the review body takes them into account.

I feel most "hard pressed junior psychiatrists" are relatively better off than their peers. They earn similar UMT payments although less on call time seems to be spent on the wards than in other acute specialities, and juniors generally seem to progress up the hierarchy more rapidly, so they are rarely left in a junior post paying a maximum subscription.

Possible alternatives to reduce subscriptions to those committed to the NHS are:

- (1) pressurising our employers to provide cover for us (as now happens in the armed forces.)
- (2) having a basic rate for full-time NHS work with an additional charge to the individual proportional to the income accrued from private practice.

Making us a 'special case' will only serve to alienate us from our colleagues.

D. A. FIRTH

Booth Hall Hospital
Blackley, Manchester

DEAR SIRs

I fully agree with the first part of the letter from Dr R. Lucas (*Bulletin*, March 1988) and disagree with the College's attitude that the increase of the insurance fees is not "within the remit of the College". The Royal College of Psychiatrists should try to negotiate with other insurance companies and obtain competitive rates for insuring its members and those working in psychiatry.

However, the idea of the College putting pressure on the Health Service to pay the insurance cover for psychiatrists in the Health Service is a different matter. If this is done, undoubtedly the insurance cover will have to be paid by individual District Health Authorities, thus giving the managers a lot of power over our conditions of service and they will then,

rightly so, demand that the consultants' contracts of employment be held at District level.

B. P. MARAGAKIS

Billinge Hospital
Billinge, near Wigan

DEAR SIRs

In the letter on medical insurance fees (*Bulletin*, March 1988), Dr Lucas argues the case for differential insurance rates according to specialty, believing that psychiatrists would then have to pay less. He says that he is sure that "financially hard pressed junior psychiatrists" would share his view. Does he believe that junior doctors in accident and emergency or general surgery are any less hard pressed financially? How are they to afford the increased fees that would fall upon them?

The NHS pays a junior doctor the same salary whether he or she is in a specialty with a low risk or a high risk of being sued. With a uniform pay structure there is no option but to have uniform defence fees. The same argument applies to consultants. If differential rates were introduced there would be a strong and understandable call for differential pay scales. This would not be in the best interests of the profession.

A more appropriate solution to rapidly increasing defence fees is for the pay review body to continue to take the fees into account when it is making its recommendation and to itemise this separately. This would give a clearer picture of whether medical insurance fees were being fully underwritten and would also give a more accurate figure of the "real" percentage pay increase each year.

Dr Lucas's solution would be divisive and the College should not support it.

C. A. CAMPBELL

Chairman, East Anglian Regional
Hospital Junior Staff Committee

Fulbourn Hospital
Cambridge

DEAR SIRs

Dr R. Lucas (*Bulletin*, March 1988) claims that psychiatrists are paying excessively high insurance premiums, quoting a random analysis of 100 medico-legal cases in the West Midlands in which there was not a single psychiatric case. The defence organisations present anecdotal material about the risks involved in psychiatry, but are unwilling to divulge any data about the levels of claims and settlements between specialties.

In the USA litigation is a major problem in all branches of medicine, including psychiatry. Psychiatrists, however, pay lower premiums than most of the major specialties. Their premiums average

about \$4000 per annum, in comparison to specialties like surgery and obstetrics where premiums range from \$60,000 to \$100,000 per annum (i.e. about 20 times greater than those in psychiatry). I recently discussed this issue with a group of American psychiatrists who were very surprised to learn that in Britain we pay the same premiums as our colleagues in the other disciplines.

There is little doubt that premiums will continue to rise, and figures of £3,000 and £4,000 per annum within a few years are predicted. There may be a case for sharing the burden of the increasing risks of litigation with our colleagues in other disciplines, but many people feel that premiums should reflect the actual risks involved. I would support the view of Dr Lucas that the College might become involved in this issue on our behalf.

S. P. CALLOWAY

Fulbourn Hospital, Cambridge

DEAR SIRs

As a practising psychiatrist and Chairman of Council of the Medical Protection Society, I would like to comment on the views expressed by Dr Lucas (*Bulletin*, March 1988, 12, 104). He refers to the paper by Hawkins & Paterson¹ in which 100 random medico-legal cases were analysed, and infers that because the sample contained no psychiatric cases that psychiatry does not generate many medico-legal problems or negligence claims.

Alas, this is far from the case. Psychiatrists are some of the heaviest users of the Society's advice service with regard to medico-legal problems, use of the Mental Health Act, ethical issues and assistance in dealing with complaints. Help is often required by psychiatric members who need representation at Coroners' Inquests, at formal inquiries and at the Professional Conduct and Health Committees of the General Medical Council.

Negligence claims for all branches of medicine constitute only about 20% of the workload of the professional secretariat of the Medical Protection Society. There are, however, an increasing number of claims for psychiatric negligence, many of which are clearly indefensible, which the Society has to settle. The majority of claims relate to errors in assessing and treating suicidal patients, inadequate monitoring of lithium carbonate therapy, negligent use of psychotropic drugs, and failure to diagnose underlying organic disease. Damages of over £400,000 were recently awarded to a patient who had been inadequately treated and had jumped from a window.

Incidentally, the case of *Bolam v Friern Hospital*, which provides the standard test of medical care, was brought by a psychiatric patient who sustained a fracture during treatment with ECT.

The defence organisations are aware of the heavy burden that the current subscription rates place on junior hospital staff in all specialties and this problem is kept constantly under review by my Council.

J. J. BRADLEY

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Reference

- ¹HAWKINS, C. & PATERSON, I. (1987) Medicolegal audit in the West Midlands Region: Analysis of 100 cases (1987). *British Medical Journal*, **295**, 1533-1536.

Dr Lucas replies

DEAR SIRs

The correspondence in response to my letter confirms the view that the rise in medical insurance fees has become a matter of general concern, even though there are differing opinions as to the best approach, e.g. whether psychiatrists should pursue an independent line in getting more favourable insurance rates for themselves, or whether they should be part of a general medical stance, with pressure for the Health Authorities to contribute to the payment of the fees.

Despite Dr Bradley's letter, it is generally agreed, as illustrated in Dr Calloway's letter, that psychiatrists' risks of litigation are far less than surgeons. The problem, at present, is the monopoly of the medical insurance by the two main bodies. With continuing rising medical insurance fees, at the end of the day I remain with the view that the College should be actively involved in this matter on behalf of its membership.

RICHARD LUCAS

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Editorial note

From 1 January 1988 two thirds of the medical rate of defence society subscriptions will be reimbursed "as an expense to all whole time employed practitioners or part time employed practitioners working wholly for the NHS. (Doctors and Dentists Review Body's 18th Report)".

For whole time hospital doctors paying the full rate, it has been calculated that payment will amount to £216 this year from their own pockets after reimbursement and tax relief. (*British Medical Journal Supplement*, **296**, 1270).