GP Consultations: Are we deluding ourselves that "Cheaper is necessarily better for our patients"?

Dear Editor

I have worked as a part-time GP in a relatively poor HDB community since 1984. My patients are a mix of neighbouring families and contract workers from dormitories in the converted, vacated blocks. During these years, the clinic has tried very hard to keep its charges affordable, helped in large part by having a reasonable patient-load to spread the cost of practice over. But our consultation charges are not low, if recent letters in the press are anything to go by.

All of us, at one time or another, have waived part or all of our consultation fees for the needy – sometimes, even collecting just a token sum for dispensed medicine. Charity and subsidy are both good. But apart from these minority (if important and meaningful) instances, I believe that it is critical for the average consultation fees for remaining patients to be charged at a reasonable level.

In recent weeks, there has been a lot of debate about "how low should doctors charge, because they should think of the poor", although many of the letters to the press have put it in slightly different terms. I would like to share a different point of view - that it is actually possible for doctors to charge professional fees that are so low, that it harms some of their patients. Let me explain.

What is a reasonable charge? Beyond covering the costs of practice (rent, salaries, utilities, and so on), it must also fund adequate patient-doctor time. Charging an $8 consultation when there is no subsidy, and breaking even by seeing many patients for three to five minutes each on average, is possible – but not good for the patient. The doctor can restrict his history to stating symptoms, doing a cursory examination that covers the basics relating only to them, and have him out of the consultation room within a few minutes. For example, it is possible to see a patient for a headache, examine him without considering pathologies beyond a benign headache, and charge him only $8 for consultation. For nine out of ten patients, this may actually make no difference, because these patients indeed have no underlying condition to miss.

But one in ten may have something more sinister, which a detailed history and good examination can uncover, and this patient's life may be enriched or even saved as a result. An impending neurological event, hypoglycaemia from poor diabetic control, migraine that can respond to better medication, angle-closure glaucoma, or even simple undiagnosed hypertension - these are just some of several treatable conditions that I would probably miss if I were to give him fair time for an $8 consultation. I ask myself: would the patient want such a saving of a few dollars, if he knew what he were risking?

It is human nature to feel pleased when one pays less for the same service. "Cheap and good" is the definition of a good deal. But how would a patient know what is an adequate clinical consultation? Recent letters in the press have ignored that good service for a low fee is possible only because of either subsidy or charity. In real life, $10 haircuts in nice barbershops are acceptable, because the worst that can happen is that the client does not like his look, and vows not to go back. But $8 consultations are different, because most patients will not know when an examination is cursory or inadequate – and that what they have paid for is not good enough, until too late. $8 consultations, unless they are subsidised or arise from personal charity, cheat only the patient (who suffers as a result) and society (who pays for managing the complications arising from cases of missed diagnoses).

We have seen letters in the press asking "why not cheap consultations?" Perhaps this is understandable, as they were written in ignorance. But we, as GPs, should ask ourselves if we are cheating our patients and society, when we offer consultations too cheap to pay for adequate doctor-patient time, seeking to break even in our practices only by cutting corners. If we do, for sure we cannot plead ignorance, because we know what we are doing, and will be reminded every now and again by a missed diagnosis. But do we realise that by quoting charges that can only be sustained by poor medical practice, we are putting pressure on our colleagues to do the same? Even if the doctor manages to break even (or even sometimes prosper) from unrealistically low consultation rates, it is his patients, his colleagues, and eventually society as a whole, that pays the price. There is a big difference between "cheap" and "affordable". When will more of our GPs have the courage to move from merely "cheap", to what is sustainable medical practice, that is good for the patient? When will most of the HMOs realise that while the schemes that they are offering is profitable for them, they are not good for their enrolled members? And when will more GPs have the courage to say to their patients: "Don't delude yourself – cheap is not necessarily good for you"?

Yours sincerely

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