10 Sigurdsson K, Sigvaldason H. Is it rational to start population-based cervical cancer screening at or soon after age 20?

**VIEW FROM PRIMARY CARE**

**What a load of rankers**

Sue Perankin

So very soon anyone who can access the Internet will be able to leave a defamatory remark about me, thanks to the latest stage of the Government’s ongoing GP-bashing campaign, or “we’re out to get you” as I like to call it. Under the guise of choice (how I hate that word), patients will be able to log on to the NHS Choices website and say what they think of GPs like me. Some choice, because once it’s up there it’s going to be impossible to get rid of it, or for me to explain the truth which is, for example: “No, the reason why I refused to give you a pregnancy test was because you’ve had a hysterectomy, and they removed your ovaries, and you told me you’d not even been in the same room as a man for 5 years, and because I had a bloody good look out of the window and there was no bright light, and neither were there any healers or wise men in the waiting room”. What a nightmare.

Why do we need this? We don’t, it’s the short, and honest, answer. Survey after survey reports how good we are in our patients’ eyes. And therein lays the rub. How can the Government’s agenda to bash GPs be fulfilled if the public keeps on saying we’re so wonderful? Anyone who bashes GPs shoots themselves in the foot because doing so backfires on them. “How dare you say that about my wonderful doctor, you nasty politician you. I’ll not vote for you again.” So how do you turn people? You infiltrate, or start a smear campaign. This whim provides an opportunity for free speech – the choice to say something – whilst driving traffic through the NHS website. It’s a perfect plan for our General Practitioner rating – after all, I am a star. I think I have just the ticket. It’s time to return to the old days, the Dr Kildare days, that many people think is current practice, because general practice is still portrayed like this in modern medical TV dramas. That means going back to unnecessary home visits to drop off information leaflets and to deliver appointment details in person, cold phone calling just to “make sure you are OK”, and the true art of medicine, which of course is all tea, sympathy and bluff.

Nowadays you can’t assume it’s only young people who’ll use this facility because the older population use the Internet too. I guess I’ll need to convince my patients that the Internet is a nasty sex-promoting thing where anyone can say whatever they like, and that you shouldn’t believe what’s on it, so their stock response becomes: “Oh, I don’t believe what they say about you. You’ve always been wonderful to me”. To which I’ll reply: “I expect you’ll be needing another prescription for lorazepam then? And, perhaps you’d like to write what you just said here in public? I can always dream but why are we surprised when we get a thank you from our patients, because we’re more used to getting a complaint. Go to a group or public meeting and what happens? The people with an axe to grind are those who come along. Set up a support group and it’s moaners who join. Set up a facility to rank and leave comments about your GP and you don’t need me to tell you who are most likely people to leave a comment and what the tone of that comment might be.

Oh heck, I need something to ensure I get a good NHS Choices rating – after all, I am a star. I think I have just the ticket. It’s time to return to the old days, the Dr Kildare days, that many people think is current practice, because general practice is still portrayed like this in modern medical TV dramas. That means going back to unnecessary home visits to drop off information leaflets and to deliver appointment details in person, cold phone calling just to “make sure you are OK”, and the true art of medicine, which of course is all tea, sympathy and bluff.

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Chartswell Surgery, Bloughinham, UK
Sue Perankin, MRCP, General Practitioner


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