Private patients in general practice

John Carne, retired general practitioner

In 1911, the National Insurance Act gave medical care free to those who earned less than £2 a week . . . this did not include wives and children. Most people who saw a general practitioner (GP) had to pay for their consultations and medicines. Some paid less if they were registered as Panel Patients.

In 1948, the NHS was instituted and thereafter most got their medical services free. However, although the majority saw the economic advantages, some preferred to stay as private patients. A small residue of such people remained as private patients when I entered general practice in 1963, as a partner of a single doctor. One of the conditions of my being accepted was an agreement to take on these people. The only privilege I gave them was to know my ex-directory phone number. Thus, if I was off-call for the practice they could still contact me. I was then, in theory, responsible for about 20-30 patients, 365 full days a year. Theory and practice are different animals, so when I was on holiday my partners took over. (After six months on my own I helped form a four-man practice.) These patients were, of course, free to consult with any qualified doctor who was willing to see them.

Problems inevitably arose from time to time. On one occasion, I was off-call for the rest of the practice but forgot that private patients were still able to get in contact! I had been expecting a call from a close friend, who often played tricks on me, but when he failed to ring I went to bed about 10.30pm. Five minutes later the phone rang. It had to be him! I responded with 'Hallo! Chinese laundry'. A startled female voice said, 'Er, is Doctor Carne there?' I mumbled and stumbled 'Erm, yes. I'm, er, here, er.' 'Would you come and see Mr X please? We think he has just died.'!! I complied with this request and they forgave me this grave indiscretion.

The fees I learned to charge were, of course, shared with my senior partner and when he retired, they went into the overall earnings of the group practice.

One elderly lady who lived on the same street as me, and knew I had private patients, begged me to take her on as such. I was not keen on this idea, but found it difficult to explain to her. She came to see me several times and when I billed her for my services she failed to pay. I even confronted her on the street; she said she would pay me soon. She never did. At this stage, I even contemplated seeking legal advice, but wiser and older GPs counselled that was not a good route to take and that I would lose more in reputation and legal fees than made it worthwhile. I never saw the good lady again!

Some of these elderly patients I visited regularly. One such man, who was clearly 'Upper Class', asked me in a very distinct accent if I would confirm his diagnosis of a Rodent Ulcer on his upper left arm!! He had had, before my time, such a lesion removed from the side of his nose. On inspection of his arm, it appeared to be a small polyp and it looked as though he had tried to strangle it with black cotton thread. 'Have you been tying thread around it?' I asked. Indignantly he replied, 'No!' At this, I took a pair of forceps and grabbed the body of the polyp, pulling gently for ease of inspection. Then, I noticed the 'black thread' seemed to be moving!! I pulled a little harder and saw black legs, which continued to wriggle as I delivered the creature. It proved to be a sheep tick, which had taken a pick-a-back ride on his terrier dog, thence to him. He lived in rural surroundings near sheep.

This turned out to be my one and only diagnosis of such a condition. He was easily reassured and suffered no unpleasant consequences.

There are various other tales to be told, but gradually all these people died out or moved away and I took on no more private patients.

I suppose I should be grateful I had a small taste of what it must have been like in practice prior to the NHS.