GUEST EDITORIAL

Midlife Career Change

As doctors, we often counsel patients with their midlife crises. This doctor suffered one recently when many old concepts had to be overturned.

Being in partnership, and the eldest in that partnership, I was eventually urged by my younger partners to join them as they enter the 1990's.

Considered a medical financial failure - that is, not owning a Mercedes or a holiday home - the only way the income of the practice could be boosted was by dispensing. This decision presented a great moral dilemma and midlife crisis.

I was taught by the giants of medicine in the 1950's at UCT, who instilled in us strong moral values. They virtually implied that we practise fine medicine but don't really make any profit out of it. That is to say, our teachers never did, and they subconsciously inculcated this into us. Armed with this idealistic approach, we entered general practice and tried to make a resonable living.

But what happened is that the medical aid societies first seduced us with their siren call of guaranteed payments, and then they emasculated us when we accepted their fee hikes.

In our area we cannot charge MASA recommended fees for medical aid patients. We tried it once, in 1974, and our own colleagues reneged on us. The only alternative was to dispense. Hence the dilemma.

On one hand we were regaled with tales of profits by dispensing doctors, while on the other hand, the book "Dispensing of Medicines: A Guide for Doctors", brought out by MASA, specifically states that we cannot dispense for financial gain but can put a markup of up to 50% on purchase price. If this does not give financial gain, then I confess to being very confused, as this seems a tidy profit.

One of my colleagues asked me how I could face myself in the mirror now that I am dispensing. I considered who was actually being harmed. In reality, only the pharmacists. Everyone seems happy. The patient has one-stop shopping, we get to know our medicines better, the medical aid societies are happy as we have become more cost conscious regarding medicines and the costs brought down.

I still use the same medicines I have always used. I do not buy the cheapest tetracycline because there is a 'special'. My reply to my colleague's question was that I believed my conscience was clear.

I still had to reconcile my conflict with the extra money I expected to earn from dispensing. Of enormous help was Dr Beau Loot's brilliant editorial in the NGPG/NAPG Bulletin, Vol 3, September 1989, in which he convincingly urges us GP's to free ourselves from the shackles of our profession. We must stop thinking like doctors and now start thinking like businessmen. He states: "We are in the business of health care". He is so right: times have changed.

Fortified by this encouragement, we have been dispensing for two months now and have been gratified to see how acceptable it is to the patients. We explained to all our patients that we are now dispensing, but if they feel bound in any way to their chemists, we understand. The choice is theirs.

I must own to some feelings of rejection when patients opt for their chemist. It has been a monumental task setting this new side of the practice up in a professional manner and has cost many sleepless nights due to the overdraft and computer problems. So far it looks worthwhile - on paper at least - and I am only sorry that we were forced into dispensing for economic survival, but that is the name of the game today and the essence of capitalism.

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