

Seems like a touch too much

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Ever since the news over Christmas that some breast implants fitted in the UK contain industrial strength silicone we have had a run of anxious women wanting us to check their breasts. Our GP registrar is reported to have said “Christmas has come early” on more than one occasion, he being the one most likely to have slots available to fit these worried women into. Our receptionists have tried to wipe the grin off his face despite being happy with the complete attitude turnaround he demonstrated when asked to see ‘extras’. Our medical student, who when he arrived was a “surgeon in the making” and couldn’t understand why anyone would want a life in general practice, appears to have quickly changed his tune as he sees his dream specialty become the target of hungry lawyers. Moreover, his initial dismissal of general practice as a possible career appears to be not so solid since our current waiting room status is akin to a ‘Page 3 girl’ casting session.

I’ve checked with the powers that be and no, there is no extra money for this extra work. Presumably they feel it is bonus enough to be able to explore and study the wide range of breast shapes now existing in the UK, while counselling these unfortunates obviously. At least it’s given us the opportunity to catch women who we don’t often see and fire the barrage of Quality and Outcomes Framework (QOF) point-earning questions at them, and it will certainly add something a little out of the ordinary to my appraisal folder.

Deep down I feel very uncomfortable about this whole silicone situation. Is it really a coincidence that this story broke at around the same time the British Medical Association started seriously talking about industrial action? Is this our Government’s idea of throwing general practice a bone, in the form of a cheap thrill or a QOF earner, to keep us amused and happy, and to distract us from the pension crisis? Is it a very clever way to push

the pensions issue into the background so the public is less aware of what’s brewing in the National Health Service? Put the word ‘industrial’ into a search engine and it’s not ‘industrial action’ that heads the list but ‘industrial silicone’.

At the moment everyone is feeling the squeeze. Many women may be concerned about the potential for their purchased accoutrements to leak but quite frankly the only leaking I’m concerned about is the leaking, or more likely haemorrhaging, that’s occurring from my pension pot.

Without going into specifics, if the Government gets its way I’ll be working for more years, paying more money into my pension, but getting less when I actually do get the chance to retire. In the meantime this extra money being paid in by GPs around the country will probably be used to pick up the bill for the removal of dodgy implants and their replacement with suitable alternatives. The invested money certainly isn’t going to come to me in my pension. I might as well pay for the breast implant surgery myself. Either way, it’s all going ‘tits up’.

Industrial action by GPs over the pensions debacle is unlikely to happen, despite all the threats and challenges being bandied around. After all, we don’t have the balls – has anyone else noticed that an anagram of pension is ‘no penis’? We may shout a lot, but we don’t usually act. GPs don’t like to step outside their comfort zone and, moreover, the work that doesn’t get done during a day of action will simply be there waiting for us when we return to our practices. We probably won’t get to shout out the chants but it’s fun thinking these up. “What do we want?” – “A couple of secure investments” which, after all, isn’t very different to what the women wanted when they had their implants done in the first place.

Competing interests None.

Provenance and peer review Commissioned, internally peer reviewed.