

Germany: Top doctors?

"Germany's 500 best doctors" is the title of a series of thirteen articles in the news magazine *Focus*, whose editors claim that their publication of the ten best doctors in various specialties is an important contribution to increasing the transparency of the health system. However, their efforts have not found much approval, either from their media colleagues or from doctors. The General Medical Council in Cologne sees the publication as violation of professional and personal laws and says that it will support any legal action against *Focus* that might be taken by regional medical councils.

The four criteria on which doctors are selected for the list are: the number of operations or invasive procedures a specialist has done; the scientific reputation as measured by a science impact index, a modification of the Science Citation Index (which relies on the international number of citations by colleagues); recommendation by peers as a person to whom they would refer a patient for a second opinion (200 doctors have been interviewed for this purpose); and active participation in conferences (either by organising them or speaking at them) and in his specialty society. These criteria have been harshly criticised.

Doctors are not allowed to advertise their services. "It won't do for the press to assume that they can break these rules and do some indirect advertising", says a General Medical Council statement. The Bavarian Medical Council has threatened to take out a court injunction to stop the series.

Focus science editor Erwin Jurtschitsch points out that his series does not single out doctors but only the 10 best in a specialty. He claims that the doctors listed did not know that they had been selected, nor did the 200 doctors interviewed know the use to which their recommendations were to be put. *Focus* admits that there are weaknesses in their selection criteria but judges the series on the whole to be a success. People listed have not complained, says Jurtschitsch. He adds that a few doctors have asked why they have been omitted, and general practitioners and patients have asked for lists that have not yet been published.

Annette Tuffs

Australia: Election time

Health-care funding is an important issue in the federal election to be held on Saturday, March 13. The 10-year-old Labor Government is campaigning on a platform that Medicare, the universal national health insurance scheme it introduced in 1984, is fair, equitable, and provides top-quality service. It has announced plans to extend Medicare by allowing public hospitals to rent 10 000 private hospital beds per year and offering insurance for dental work for low-income earners. The Liberal (conservative) opposition plans to maintain Medicare with minor changes, but to encourage more people to use private hospitals by a combination of tax rebates for private health insurance and penalties for those earning more than \$40 000 per annum who do not take out such insurance. In addition, a conservative government would allow insurance of the gap between the schedule fee set by the Health Department and the fee recommended by the Australian Medical Association, which is an average of 50% higher. At present, it is illegal to offer such insurance. The opposition says the public hospital system is not coping with demand, as shown by long waiting lists for elective surgery and the repeated

decisions by hospital administrators to reduce staff and close beds because of funding difficulties.

The Australian Medical Association, which represents almost half Australia's 40 000 doctors, has joined battle for the conservatives arguing, metaphorically, that Medicare needs drastic surgery. It is campaigning in marginal electorates and has offered that surgeons will work free of charge to reduce waiting lists if all facilities and ancillary staff (which are, of course, the main costs in surgery) are made available. The Association is pleased that many of its desires have been embodied in policy by a party which looks, at the time of writing, likely to take government. Incidentally, this is the first time in four elections that the conservatives have managed to devise a health policy at all.

Other lobby groups such as the Consumers Health Forum and the Doctors Reform Society, which represents fewer than 1000 doctors, oppose the conservatives' plans on the grounds that it would take the nation down the US route. The Minister for Health, agrees, warning of the demise of the public hospital system and estimating that surgeons' net incomes would be boosted by A\$100 000 per year.

Despite health's importance, and the general public support for Medicare, two negative electoral issues predominate, one for each side. The Government's worry is unemployment, which sits at more than 10%. For the first time, Australia now has more than 1 million people without a job, which has had an enormous impact on our national psyche. The conservatives' worry is its proposed goods and services tax (GST), which is a value-added tax to be offset by reductions in personal income tax and the abolition of seven other taxes, including wholesale sales tax, a petrol levy, and a payroll tax. The next health-care system is likely to be decided by whether or not voters are too scared of a GST to dismiss a government that they no longer think can deal with our enormous foreign debt and unemployment.

Mark Ragg

Europe: Paid blood donors?

A shift in European policy on the issue of payment for blood donations seems likely. Ahead of publication on March 9 of a study of the issue by the Council of Europe, the Environment and Public Health Committee of the European Parliament has called for changes to European Community legislation dating from 1989. In a report adopted on Feb 24, which underlines the need for fresh initiatives to assure self-sufficiency within the Community, the committee suggests that the principle of payment should be "tolerated"—but only in case of imports and only to the extent that imports are necessary to make up shortages in the Community.

To date, both the Council of Europe and the WHO have resisted the idea of payment; this would run counter to the draft European Convention on Bioethics (see *Lancet*, Feb 20, p 486), which requires that "the human body and its parts shall not, as such, give rise to financial gain". While unwilling to pre-empt publication of the Council of Europe study, a spokeswoman for the Strasbourg organisation said: "For as long as we have shortages in Europe, we have to be realistic about imports from paid donors". A relaxation agreed by the 12 European Community member states would open up the possibility of paid imports from non-EC European states.

Arthur Rogers