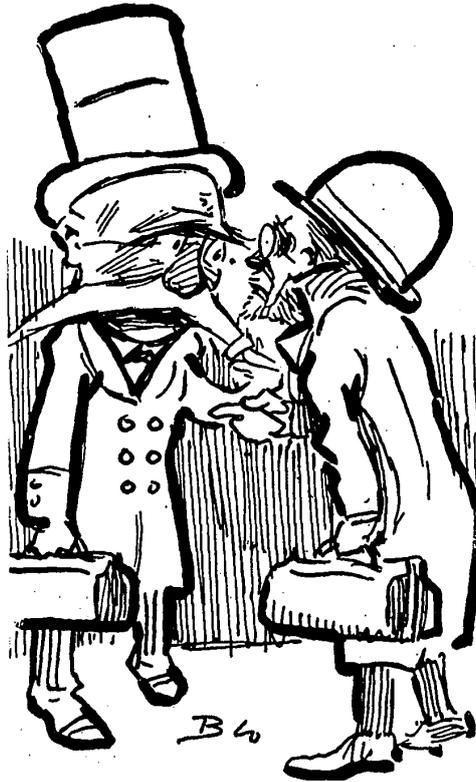


Contract practice with friendly societies



THE OSTRACISED AGAIN.

First Doctor B.M.A.: Real-ly, things are getting awfully absurd in the ah—Health Department. Fancay prosecuting a medical man for charging a paltry fee for—er—a vaccination case in his own surger-ay! How many of us have not also—

Second Doctor B.M.A.: But he was one of the ostracised friendly society fellows.

First Doctor B.M.A.: Oh—ah, yes; that's so. Serves the old outcast right!

(*Observer*, 27 September 1913). Alexander Turnbull Library, Wellington, New Zealand.
<http://natlib.govt.nz/records/27576871>

There is a dispute at present between the lodge doctors and lodges in Wellington which presents some features worthy of comment. At present the lodge doctor is paid the munificent sum of fifteen shillings a year; in other words, three shillings and ninepence a quarter, and a half penny a day. For this payment he is bound to attend the lodge member and his wife and family. The family may number six or eight children, and the only restriction provides for attendance on boys up to 16 years of age and girls up to 18 years. These fortunate families may have the privilege of living three miles away from the doctor, and paying no extra mileage fees. The doctor may need to climb a mountain

to reach the people. Possibly instead of three shillings for three months the extra ninepence was added as a compensation for topographical difficulties.

In justice to the lodges, we hasten to add that not all the lodge members avail themselves of medical advice every quarter or every year, but we think it will be admitted in general terms that the lodges keep the lodge doctors very busy. These ridiculously low charges were arranged about 25 years ago, when it was the belief that lodge members were poor and struggling, and the medical profession felt generously disposed towards these poor people. We know of a number of rich people in Wellington now who consult the

lodge doctors for themselves and their families, and it is no uncommon occurrence for the lodge patient to have more money in the bank than the lodge doctor. It is not necessary to remind medical readers that the cost of living has greatly increased and also the cost of conducting a medical practice according to present-day principles and requirements. The increased cost of living has been the main argument for the rise in wages which has been steadily going on in the Dominion.

The trade unionists of the lodges, however, appear to think that this is a good argument for their own use, but do not recognise its application to the claims of the doctors. We charge these good people, therefore, with inconsistency. If they possess the saving grace of humour, paterfamilias and his spouse must surely smile when their medical bill for a whole year for themselves and family is less than what they pay for a pair of trousers. The lodge doctor in Wellington asked for twenty-four shillings, and for a more reasonable scale of mileage fees, and was told that they should be content with the payment they were already receiving. The doctors therefore did not renew their contracts and the lodge patients now go to the lodge dispensary and get advice there, and have their old prescriptions dispensed again. The wonder is that lodge members consider it in the least advisable to have underpaid and dissatisfied doctors to attend them. We have known instances where lodges, rather than pay a good doctor something in reason, were prepared to engage the most hopeless medical derelict, and place their lives in his hands. It is passing strange.

An unpleasant feature of contract practice is that the combination of numbers may be used to oppress the individual. This was easily done in the old days, but now when at last the medical profession is well organised there will be a change for the better. We understand that a section of the Unfriendly Societies in Wellington is prepared to give the doctors fair treatment, and if so, the doctor will not only be reasonable but generous in their terms. At the present time many lodges are making extra payments for the benefit of lodge members on active service, and this should be taken into favourable consideration by the doctors in their final decision. Owing to this and other special circumstances at the present time connected with the war a very moderate advance upon the old ridiculously inadequate payment may reasonably be conceded; but from those lodges who wish to persistently exploit their doctors every medical man who is not a discredit to his profession should hold aloof.

The miserable pittance paid to lodge doctors in many parts of New Zealand would not be tolerated in any other country. The payments to panel doctors in the National Insurance scheme in England are very much better in comparison. When the war is over the scale of payments for contract practice in New Zealand generally will require to be revised and standardised but in the meantime any doctor who sells himself to a lodge for three shillings and ninepence a family quarterly has not a very high estimate of what he owes to his profession or to himself.

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