LETTERS TO THE EDITOR

MEDICAL INDEMNITY FOR SERVICE MEDICAL AND DENTAL OFFICERS
From Maj J P Edmonson-Jones, RAMC

Sir, in recent months there has been increasing debate among Service Medical and Dental Officers about medical indemnity. In the apparent absence of detailed advice or other initiative from any authoritative military source, it was extremely gratifying, and indeed refreshing, to see the subject take pride of place as the Editorial article in the last Corps Journal¹. There is of course one group of doctors in the Armed Forces who can avoid the increasingly large sums demanded by the Defence Societies. These are doctors, or dentists, with no direct clinical responsibility for patients, such as doctors training in Community Medicine. The premium for this Non Clinical or Associate Membership is only £108 as opposed to £576 for Full Membership. This provides cover for any help or assistance given in a non-military emergency (such as RTA) but not for any clinical work undertaken. The Non-Clinical member is therefore indemnified by the Crown for any actions performed in the course of military duty, and by the Defence Societies for any assistance given in a genuine emergency situation. This excellent half-way house of Non-Clinical membership is not available to the vast majority of Service doctors or dentists. By definition a doctor doing clinical work, even if that work is covered by the Crown, cannot apply for non clinical membership. Such people must either pay the full subscription or rely on Crown indemnity only. The current problems with relying on the Crown indemnity centres around attachments to civilian hospitals and the grey area of roadside or other genuine emergencies. There are simple solutions to both these problem areas that involve no expense to the Crown and yet substantially reduce the payments required from service doctors to the Defence societies. The first problem is that of indemnity during attachments to civilian hospitals, such as those undertaken during Higher Professional Training. The hospital authorities demand a certificate of indemnity from a Defence Society. This is in order that they can reclaim a proportion, usually 50%, of any damages awarded from the Society. Because these hospital attachments are part of military duty the Crown must surely be prepared to indemnify the service doctor. A Treasury Certificate to this effect should be produced by the MOD and hospital authorities made aware of this. This action would obviate the need for service doctors to produce a Defence Society Certificate.

The second problem is that of assistance provided in a genuine non-military emergency or any other emergency help given when off duty. It is by no means certain that the Crown would indemnify a doctor or a dentist who gave such assistance. To expect service personnel to pay the full Defence Society rate of £576 just to obtain this very limited indemnity is unrealistic. The MOD should approach the Defence Societies to have them establish a service medical officer category that gives the same cover afforded to Non Clinical members for the same price. If the MOD agrees to provide complete indemnity for all clinical work undertaken as part of military duty, the Defence Societies will be faced with a rapidly decreasing service membership. The creation of a ‘half way house’ for all Service doctors would limit the financial implications of this for the Defence Societies while providing doctors with the reassurance that they have complete indemnity at a realistic price.

Both these solutions could be achieved at no cost to the Treasury and it might make savings by not having to pay the full membership fees for RAF doctors. If the Crown is prepared to indemnify doctors when they work in military hospitals and medical centres even when caring for NHS patients, there should be no obstacle to extending that cover to include NHS attachments. This area that will not be covered of course is ‘moonlighting’. Any unofficial, non military, non emergency work undertaken could not be indemnified by the Crown and the Service doctor would be responsible for providing his own protection through a Defence Society.

There is an urgent need for MOD to champion this cause as it has major financial implications for individual medical and dental service personnel. The effect on morale at no cost to the Treasury would be tremendous, if such a scheme for service personnel was negotiated. It should therefore be given high priority.

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REFERENCES
MY THIGH FEELS DEAD, DOCTOR.
From 2/Lt A Connolly, RAMC

Sir, recently I went on my first exercise with a platoon of Territorial Army (TA) trainees to learn basic infantry skills. I wore my webbing equipment throughout the first day, carrying loads between 15 and 25 kgs. At 1700 hrs I noticed that my right thigh felt dead and that I could not identify pin-prick, touch, vibration or hot/cold sensations in an area which stretched from the lateral border of the right knee to 10 cms below the anterior superior iliac spine, covering the anterior and lateral aspects of the thigh. There was no alteration of sensation in the left thigh.

There was no pain. I attributed the dead feeling to fatigue or an unnoticed blow and marked the area of sensory loss on my thigh resolving to seek another opinion if the area increased in size. I completed the exercise and reported sick on the third day, tired but otherwise fit. The area of sensory loss had not diminished.

I suggested to the MO that the area of sensory loss was consistent with a lesion of the lateral cutaneous nerve of the thigh due to a tight fitting webbing belt. She agreed, saying there had been five such cases on the last TA course. She advised against tight fitting webbing belts and assured me that full sensation would return in days.

This case illustrates the importance of wearing military equipment correctly. Inappropriately tight kit has been associated with exacerbation of frost bite\(^1\) and neurological symptoms\(^2,3,4\). Although such problems may be seen in regular troops, their day-to-day training permits man and webbing to become adjusted to one another. In the case of TA personnel, however, it is suggested that periods of familiarisation with all kit should be undertaken as part of the preparation for prolonged exercises; potential problems could then be identified in advance, and prevented.

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REFERENCES

HONORARY CONSULTANTS TO THE ARMY

Dr S E Brill, MB, FFOM, FRCP has been appointed Honorary Consultant in Occupational Medicine to the Army with effect from 9 February 1987.