44. Local co-ordination of medical care and general health services should be aimed at either by establishing medical care centres in proximity to the headquarters for general health services, or by establishing common centres as headquarters for all or most health services.

45. The members of the medical and allied professions participating in the medical care service and working at health centres may appropriately undertake such general health care as can with advantage be given by the same staff, including immunization, examination of school children and other groups, advice to expectant mothers and mothers with infants, and other care of a like nature.

IV. The Quality of Service

Optimum Standard

46. The medical care service should aim at providing the highest possible standard of care, due regard being paid to the importance of the doctor-patient relationship and the professional and personal responsibility of the doctor, while safeguarding both the interests of the beneficiaries and those of the professions participating.

Choice of Doctor and Continuity of Care

47. The beneficiary should have the right to make an initial choice, among the general practitioners at the disposal of the service within a reasonable distance from his home, of the doctor by whom he wishes to be attended in a permanent capacity (family doctor); he should have the same right of choice for his children. These principles should also apply to the choice of a dentist as family dentist.

48. Where care is provided at or from health centres, the beneficiary should have the right to choose his centre within a reasonable distance from his home and to select for himself or his children a doctor and a dentist among the general practitioners and dentists working at this centre.

49. Where there is no centre, the beneficiary should have the right to select his family doctor and dentist among the participating general practitioners and dentists whose office is within a reasonable distance from his home.

50. The beneficiary should have the right subsequently to change his family doctor or dentist, subject to giving notice within a prescribed time, for good reasons, such as lack of personal contact and confidence.

51. The general practitioner or the dentist participating in the service should have the right to accept or refuse a client, but may not accept a number in excess of a prescribed maximum nor refuse such clients as have not made their own choice and are assigned to him by the service through impartial methods.

52. The care given by specialists and members of allied professions, such as nurses, midwives, masseurs and others, should be available on the reccommendation, and through the agency, of the beneficiary's family doctor who should take reasonable account of the patient's wishes if several members of the speciality or other profession are available at the centre or within a reasonable distance of the patient's home. Special provision should be made for the availability of the specialist when requested by the patient though not recommended by the family doctor.

53. Residential care should be made available on the recommendation of the beneficiary's family doctor, or on the advice of the specialist, if any, who has been consulted.

54. If residential care is provided at the centre to which the family doctor or specialist is attached, the patient should preferably be attended in the hospital by his own family doctor or the specialist to whom he was referred.

55. Arrangements for the general practitioners or dentists at a centre to be consulted by appointment should be made whenever practicable.

Working Conditions and Status of Doctors and Members of Allied Professions

56. The working conditions of doctors and members of allied professions participating in the service should be designed to relieve the doctor or member from financial anxiety by providing adequate income during work, leave and illness and in retirement, and pensions to his survivors, without restricting his professional discretion otherwise than by professional supervision, and should not be such as to distract his attention from the maintenance and improvement of the health of the beneficiaries.

57. General practitioners, specialists and dentists, working for a medical care service covering the whole or a large majority of the population, may appropriately be employed whole time for a salary, with adequate provision for leave, sickness, old age and death, if the medical profession is adequately represented on the body employing them.

58. Where general practitioners or dentists, engaged in private practice, undertake part-time work for a medical care service with a sufficient number of beneficiaries, it may be appropriate to pay them a fixed basic amount per year, including provision for leave, sickness, old age and death, and increased if desired by a capitation fee for each person or family in the doctor's or dentist's charge.

59. Specialists engaged in private practice who work part time for a medical care service with a considerable number of beneficiaries may appropriately be paid an amount proportionate to the time devoted to such service (part-time salary).

60. Doctors and dentists engaged in private practice who work part time for a medical care service with few beneficiaries only may appropriately be paid fees for services rendered.

61. Among the members of allied professions participating in the service, those rendering personal care may appropriately be employed whole time for salary, with adequate provision for leave, sickness, old age and death, while members furnishing supplies should be paid in accordance with adequate tariffs.

62. Working conditions for members of the medical and allied professions participating in the service should be uniform throughout the country or for all sections covered by the service, and agreed on with the representative bodies of the profession, subject only to such variations as may be necessitated by differences in the exigencies of the service.