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Prescribing income

In my practice, I am continually reminded of the saying I learned in residency: whenever a doctor picks up his pen, he's writing a cheque with someone else's money. It seems

my special knowledge of this epigram must put me in a small or otherwise silent minority among family physicians.

No less than 2 articles in a single issue of your journal^{1,2} promote the perennially bogus idea of "prescribing income" as if it were some sort of legitimate medical act, and as if it were not a wholly discredited and foolish economic notion. It can survive only within the most childlike visions of the world: one where money and all good things can be just wished into existence, and one where government money, when splashed about, by the haphazard pens of family physicians no less, can have only salutary effects. It is shocking that the starry-eyed proponents of such an extended dole cannot see the terrible side effects of their "income prescription": immediate price inflation, under-the-table labour markets, perverse incentives denigrating modestly paid work and encouraging idleness, and cruel pressure on the next highest tranche of working poor just not "poor enough" for prescription-pad incomes from their enlightened doctors.

But there is no need to argue only in the abstract. Here in Canada, we have a grim and tragically enduring example of decades of "guaranteed incomes," "social housing," progressive government welfare

projects, and beneficent well-paid therapeutic professionals run amok: our system of Indian reserves. Now imagine the hellish dimensions of such a failure generalized throughout the poorer splinters of urban Canada, wholly deprived as they are of the common identity and cohesiveness of our aboriginal people.

To misquote Wittgenstein: family doctors, stop doing politics. You should have your hands full with actual medicine. And if you do not, then at least have the restraint to not clamour for the misuse of other people's money.

—Ray Miksa MD CCFP
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Competing interests

Taxpayer

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