

# *In Other Lands*

## NORTH AMERICAN TOUR

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*Wembley*

I have heard it suggested that the last thing a doctor would like to do on a holiday is to visit other doctors at their work!

However, during an 8,000 mile voyage to Bermuda, Canada and the United States, by concentrating on general practice, I was at least able to get a picture of the essential differences between practice in free enterprise countries and Great Britain. A fascinating holiday was rendered even more vital by such a study.

One is tempted to coin the aphorism that "whatever the system, the essential problems of medicine are always with us." Pain, disease processes, and human nature really remain the same wherever we practice.

### **Bermuda**

Of Bermuda, an Archipelago of 22 square miles, said to consist of 365 islands, much could be written even of its medicine, but a few salient facts are herein recorded. Climatically it is sub-tropical, the temperature never rising much above 86° or below 50° in the winter. It is inclined to humidity, but is in fact a healthy place in which to reside. The pattern of illness is said to be almost exactly the same as in Great Britain. Public health problems are much as in a suburban area in Britain, the total population being 42,000. A rapidly rising population is causing some concern and methods to control it are being adopted; for there is a limit to the available employment in such a small community. Almost 100 per cent of the revenue is derived through the tourist industry, mostly American.

There is no common water supply; almost all water is collected from the rooftops of each individual house. These, by law, are frequently whitewashed. A clean supply results, which is sufficient, unless there is a severe drought. Nearly all food is imported.

As one would expect, there are about 20 general practitioners and one or two specialists resident on the islands. A most up to date and well equipped 150-bed hospital is a feature of note. This hospital must be responsible for all emergencies and most of the routine treatment, although for highly specialized procedures New York or Montreal are within a few hours flying time. The majority of practitioners are of British origin and training. The resident staff at the hospital are recruited from McGill University in Montreal to ensure a regular supply of personnel. A similar arrangement is carried out with Montreal for nursing staff.

All practice is of a private nature, although Bermudians may

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be covered for illness by insurance. About ten of the practitioners have formed a group and practice from the Medical Associates Centre, a very modern and amply staffed establishment akin to an American group-practice.

### Canada

In Canada, I visited a number of practitioners, single-handed and otherwise, in their respective premises in and around Montreal and Toronto.

Of particular note was the Ormstown Medical Centre about 40 miles outside Montreal, Quebec. Although situated in a small country town of a few thousand people, this group of about ten general practitioners serves a wide area of surrounding countryside. The most significant fact about the clinic is that it was developed and inaugurated by the enterprise of one practitioner, Dr Stalker, a past President of the Canadian College of General Practitioners. It is not unlike a health centre as we know it, but a 60-bed hospital is situated in the same grounds as the clinic. It is therefore possible to cater for 95 per cent of the patients' sickness within this unit. No less important is that each doctor, although doing general-practitioner visiting, nevertheless must embrace one or more specialties, and therefore practise a comprehensive form of medicine. A high standard of work was being maintained. Regular clinical meetings and case discussions were held, one of which I attended.

Some single-handed practitioners were visited, with surgeries not unlike our own in equipment and clientele. There was some difference noted between the work of the French-speaking Canadian practitioner, and his English-speaking counterpart, although in Quebec all medicine tends to be either French or bi-lingual. French speech is essential in Quebec practice.

I found North American doctors keenly interested in discussing the problems and vicissitudes of our National Health Service, and it is obvious that it is a spectre or bogy on the horizons of many American practitioners. However, there is a constant trend towards greater, and more comprehensive private insurance against medical costs. This no doubt, will delay or prevent the evolution of a state service. It is obvious that the North American by tradition is more suspicious and guarded about government intervention in medicine.

While in Ontario, I visited a typical single-handed practitioner with hospital connections. I learned from him that in certain circumstances, general practitioners are finding it hard to maintain their hospital links. There is, as in Great Britain, a tendency for them to be squeezed out of the hospitals. However, in Canada

they have also a financial incentive for maintaining these appointments.

In Dundas, nr Hamilton, Ontario, I visited the church in which Osler's father, Canon Osler had officiated, and other haunts of the Osler family, and made a pilgrimage to the Osler museum and library in Montreal.

Starting a practice or moving to a new district is mainly by simply setting up practice and hanging up one's "Shingle" as a brass plate is termed. Relatively Canada is not under-doctored, but new opportunities arise as a result of the natural expansion of the population.

### United States

In New York, an opportunity was taken to study the work of the Health Insurance Plan of greater New York. 'HIP' is a non-profit scheme which is attempting to give the greatest possible medical cover for something over half a million New York citizens. These are mostly employees of various organizations, union members, etc., but individuals and their families are soon to be enrolled. This scheme is typical of a number in the United States of America, and it represents a real attempt to shield individuals from the high cost of illness, while ensuring him a good standard of treatment. "Office" fees of 5 dollars and house visits of 10 dollars are a regular topic of discussion and concern in a section where much is purchased on the instalment system. However, to many people, regular weekly premiums to such a scheme would be quite feasible. The aim of the Health Insurance Plan is to encourage doctors to form groups providing comprehensive treatment of a general and specialized nature. All patients included must be seen by a general practitioner or physician in the group who maintains responsibility for him, even though he may be receiving specialist treatment.

The groups—about 30 in number—are given loans for development, their work and standards are to some extent the responsibility of the Health Insurance Plan as in our own national health scheme. Problems and methods of dealing with these seemed similar in many ways to our own.

The tour was an immense stimulus to thought on general practice matters. Greater facilities should be sought for by British practitioners for travel to the New World. Even if the doctor only verifies previous notions, it puts him into a much stronger position to assess the trends and standards of his own work. Whether for good or for ill, a distinct pattern of medicine is emerging in Great Britain, which must nevertheless not be allowed to diverge too far from that of our free enterprise brethren. Undoubtedly our patients seem to be relatively happier even if we as doctors are at times aware of feelings of frustration and disillusionment.