Editorials

THE PRESENT STATE OF GENERAL PRACTICE

I dreamt that I dwelt in marble halls
With vassals and serfs at my side.
—Alfred Bunn.

THE mixed reception of the report on the present state and future needs of general practice was not unexpected. The way in which the news of the report came before the public was, however, unfortunate. As on all such occasions parts of a statement or memorandum are quoted out of context and at once the fat is in the fire, and so it was with this report.

As we have repeatedly stated the College is committed to maintain and improve the standards of general practice. If the College does not do this it is not carrying out the mandate on which it was founded. Further, unless all of us, whether members of the College or not, strive to this end, there can be little doubt that general practice as we know it today will cease.

The report on the present state and future needs of general practice was presented as a statement of facts already known, to form a basis on which further enquires could be made. There is at this time a grave shortage of medical manpower. This shortage is due to two factors: first, a diminution in the total number of doctors practising in this country, in comparison with the rapid increase in the population, and, second, a demand for more hospital doctors to provide the multiplying and ever increasingly-complex skills that are being evolved. This last cause of increased demand for medical manpower is double edged; for some of these special skills overspill, as it were, into general practice and the family doctor, far from being a sorter of cases and a signpost to the hospital, finds himself required to use these new techniques in his daily work and consequently it becomes less possible than it used to be for him adequately to look after as many patients as he did. In short, all branches of the profession are understaffed and overworked, and, to meet this, ways must be found to improve our methods. Whether we practise our profession in the hospitals or in the homes of the people, we are still, as are all professional men, servants of the public. In the final assessment,

J. Coll. gen. Practit., 1965, 10, 109.

whether they pay us in cash, run up an account or pay heavily for our services through taxation and levies, the public are our paymasters and we give to them our services. We must see that the services we provide are the best that can be given in the conditions of modern medicine. If there are too few doctors to give personally all the medical care necessary, then we must look for help from the ancillary services. By so doing, we shall not only be able to attend more patients but also the services we give will be better.

Trained medical secretary-receptionists are not plentiful and it will take time to train the numbers required. Married trained or state-enrolled nurses willing to take part-time work in doctors' surgeries are more numerous and can learn surgery routine in a few weeks. Either type can be trained in a fraction of the time required to train new doctors.

We cannot train secretary-receptionists ourselves but we can press for suitable training to be made available. Nurse-receptionists we can train, individually, in our surgeries and they are better so trained for no two surgeries are alike. It is up to us, the family doctors, to employ and train these ancillaries to ensure that we give an adequate service to our patients despite the shortage of medical manpower.

OTHER OBSTETRICIANS—PLEASE COPY

AS the ratio of births to consultant and senior-registrar obstetricians is more than 1,500 to 1, it is evident that housemen and general practitioners have a large share in the obstetric services. The latter are responsible for supervising 45–50 per cent of all deliveries and in addition provide antenatal and postnatal care for many of those delivered in specialist hospitals. Their full share in the obstetric services can be estimated from payments made to them, which in 1964[1] were equivalent to full maternity services for 534,498 patients, or 60 per cent of the whole. General practitioners who undertake this work cannot and must not carry it out in isolation from the specialist services, using them only as a dumping ground for abnormal cases. They require intimate association with specialist departments and in this connection it is interesting to read a report issued recently by the Chelmsford and District Hospital Management Committee.[2]

Chelmsford is an area in which the specialist obstetric services