Editorials

TRENDS IN GENERAL PRACTICE

The aims of the College are well known to all members. Undergraduate education, postgraduate education, and research are the three main activities through which the college hopes to achieve an improvement in the general-practitioner service rendered to the people of this country and the commonwealth. How has the College helped towards this target during the last seven years? We believe that already great good has come; but we, who are as it were taking the bowling, cannot judge as well as the spectator. In an address given at the symposium on general practice held in the Department of Human Ecology in Cambridge last February, Dr F. E. Godber, deputy chief medical officer at the Ministry of Health, reviewed the trends in general practice today; in doing so he has provided the answers to some part of this question. His opinions must carry considerable weight for in his capacity as a professional medical administrator he is in a position to survey the whole of the medical services without bias. He pays generous tribute to the activities of the College in research and postgraduate work:

> The report on Morbidity Statistics in general practice has already given us a more comprehensive picture of the pattern of morbidity than many years of collection of statistics on a much larger scale has done before. The many special investigations which the College of General Practitioners has in progress are also a cause for great encouragement, for nothing could show more clearly the liveliness of mind that is vital to our profession. A new tool has been developed that will not only add much to our knowledge but will also operate continuously to raise the quality of general practice as a whole.
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> Above everything, the general practitioner of the future will face the difficulty of keeping himself informed, and I believe that, because of this, the foundation of the College will prove to have been one of the most significant medical developments of the second half of the twentieth century.

The theme running through Dr Godber's address is co-operation and integration, between the specialists in their hospitals and the general practitioners in their consulting rooms, and between the health visitors and district nurses and the family doctors in the homes of the people. All will agree how necessary co-operation is, but whether this desirable goal is likely to be won by preaching to the individuals at the bottom of the scale while making no effort to integrate the services at the top is open to some doubt. Wise general practitioners will always endeavour to work in

harmony with other workers for the health and well-being of their patients. Difficulties do arise, however, through ignorance of what others in the service are endeavouring to achieve. This leads to a misunderstanding of the problems which beset each special worker in the service.

Such a state of affairs must not be allowed to continue. It is due to three factors. The personalities concerned may be unapproachable, time to make the necessary contacts may be difficult to fit in, or laziness in either party may be the cause. None of these is insurmountable. We in general practice accept happily enough the statement that we are the king-pins of the medical hierarchy, though the frequent repetition of the phrase is apt to sicken; we do not often reflect that this means, not that all should revolve round us, but that we ourselves should hold the framework together. The members of the domicillary nursing services, whom we meet so frequently, almost always work with us in complete harmony. With a little more encouragement on our part the health visitors will do the same, though with them there is a divided loyalty between "clinic" doctors and ourselves. Social and psychiatric workers are sometimes difficult to find, but once personal contact has been established good co-operation is usually achieved. The medical officers of the local health authority are always willing to help over special problems; their chief complaint is that the general practitioner often seems quite unaware of the tasks which local authority doctors are called upon to accomplish. Co-operation is hardest to obtain with the workers in the hospital services, and Dr Godber devotes considerable space in his paper to this rather thorny problem. He admits that, "The writing of letters is one way of conveying the facts, and it must often be the way that is used. . . ." Unfortunately, often it is not. Even when he has sent informative and courteous letters to the hospital with his patients, the general practitioner may sometimes have to wait many weeks for a reply. In complete ignorance of what may be happening to the person for whom he has accepted medical responsibility, he has to satisfy the anxious enquiries of relatives and sometimes to defend the hospital against alleged misdemeanours. Indeed, cases come before the councils of the defence societies which would never have been brought to action if a proper liaison had been maintained. When eventually, sometimes long after the patient has been discharged, a note is sent to the doctor, the particular points on which the practitioner would like guidance are often omitted. It is rude not to answer letters with some degree of promptness and no co-operation can be achieved on such a basis. Dr Godber makes the point that the hospital service is a supporting service and not the centrepiece of medicine in an area. With this

we heartily agree, but we doubt whether this is the view of those in the hospital service.

If more general practitioners were given clinical responsibility in our hospitals the relations between them and the hospital medical staff would certainly improve and full co-operation would come. The management committee of the Executive Councils' Association (England) have recently drawn up a memorandum on this subject and sent it to all regional hospital boards, in which they make out a reasoned case " to show the necessity for such a development and that it is a practical proposition ". The Council of the College in its evidence to the Working Party on Hospital Staffing has stated that general-practitioner beds in hospitals should be provided in all areas. There are many patients whose diseases can be treated by the family doctor at home but who would be cared for better in hospital. The patient who has a stroke may need constant nursing care, and will recover quicker if he receives adequate physiotherapy as soon as possible. The medical treatment of peptic ulcer may require bed rest, simple dietary measures and a minimum of medication, but he will recover more quickly if he is removed from domestic and business worries. The management of phlebitis, coronary thrombosis and anaemia may require frequent but simple haematological investigations which are best carried out in hospital. These are a few of the conditions that the family doctor can so well care for himself if he has the means to do so. It has been said that a large number of doctors in charge of beds in a hospital would lead inevitably to chaos, but this does not necessarily happen. We know of a small maternity hospital of fourteen beds which is attended satisfactorily by more than twenty practitioners. In Canada, it is usual for the general practitioner to remain in clinical charge of his patients while in hospital, and we hear of as many as forty or fifty doctors having access to beds in one general hospital, without overstraining the capacity of nursing staff. Those whose practices have the advantage of a cottage or general-practitioner hospital may find it difficult to realize how arid professional life may be without that blessing, for blessing it surely is. The pleasure of working with neighbouring colleagues in close harmony, the stimulus of competition—not in patient-snatching or fee-grabbing, but in keeping up to date—and the satisfaction above all of being able to give of the best to the patient without hindrance are pleasures to be prized.

The advantages of general-practitioner beds have long been recognized. Successive Ministers of Health have publicly announced their support for this policy and have requested regional hospital boards to take the necessary action to provide them; yet since 1949

more than a thousand beds have been lost to general practice. Many of the best doctors entering practice look for a cottage hospital in the district they wish to work in, and the standard of medicine when this amenity exists is usually higher than in other places.

We regret that it is no longer possible for the general practitioner who finds his bent to be in specialist or consulting practice to transfer from the domiciliary to the hospital branch. Many of the consultants whose opinions are of the greatest value have in the past benefited from the varied experience that they acquired in general practice. We hope that some method will be devised to break down this barrier.

Postgraduate courses are valuable, but for the keen man the ability to treat his patients when necessary in hospital and the possibility, if he so desires, of being able by hard work to become a consultant will keep him abreast of current medical thought far more than any number of lectures and demonstrations. The rusty general practitioner and the stale consultant will always create a problem: they are the fruit of isolation and lack of interest. If the two great branches of the profession can come together as equal partners in the wards of the hospital, as they do (only too rarely) in domiciliary consultation, it will become difficult for members of either branch to feel lonely, or to lose interest.

THE RECEPTION AT THE ROYAL SCOTTISH ACADEMY

The reception given by the President, Council, members and associates of the College at the Royal Scottish Academy was an unqualified success. The spacious galleries made a delightful setting for a memorable occasion for the thousand guests who attended. The arrangements were made by the members of the Scottish Council who are to be congratulated for the work they did. That the average cost per head should not have exceeded 8s. 6d. is an indication of their good husbandry.

In our May issue we included a slip asking for contributions towards the President's Hospitality Fund. The president thanks all those who have subscribed and wishes it to be known that more subscriptions are required to make the fund solvent.