A French view of English general practice

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SUMMARY. Five French general practitioners spent five days with five English practitioners in January 1973. Subsequently each wrote a report on his experience. This article summarises the views contained in their reports.

Introduction

Dr Mouthon came from a suburb of Paris, Dr Lavolée from Soissons, Dr Befort and Dr Charton from Strasbourg, and Dr Colonna from Marseilles.

Their hosts, Drs P. Higgins, J. P. Horder, M. L. Marinker, N. C. Mond, and J. Woodall all practised at that time in or near London.

The guests lived with their hosts, accompanied them on their daily rounds, attended some meetings which were arranged or happened to be available notably a large conference, on Medicine in the Common Market, arranged by the North London Faculty of The Royal College of General Practitioners. Organised discussions took place between all the participants at the beginning and end of the visit.

To judge by their very full reports the French doctors found their visit full of relevance and interest, as did their hosts. "L'accueil, le programme et les échanges ont eté constamment d'une très grande qualité et d'une chaleureuse cordialité". But from the same doctor: "Pour ma part la dépression commençait à me gagner le cinquième jour et j'étais heureux de retrouver ma petite médicine française, même s'il fallait travailler deux fois plus."

"Reçus d'une façon très cordiale avec participation effective à la vie du médecin dans son travail quotidien et dans sa vie privée. Expérience unique, intéressante et efficace. Intérêt d'un échange professionel, mais aussi personnel et humain. Partage du mode de vie anglais, mais aussi du mode de travail."

Main subjects of interest

The subjects which dominated the exchanges were:

(1) The different systems of payment and their effects on the satisfaction of patients and doctors, on the relationship between them, and on the standard of clinical practice,

(2) Group and health-centre practice,

(3) The contribution of general practitioners to undergraduate education and for post-graduate vocational and continuing education.

General comments

" It seems at present very difficult to draw definite conclusions about the system of medical care in England. The experience we have had has certainly been of great value for the human contacts that we have made, but I think it is premature to decide that the English system is better or worse than another. It is attractive in some respects, but one would have to know many more details very intimately before being sure. One must not forget on the one hand that the National Health Service has now been in existence since 1948 and that the initial difficulties have now largely been overcome in the intervening 25 years and, on the other hand, that this system seems to suit the British temperament admirably. However, there are about 18 per cent of the population who do not like the National Health Service and prefer to insure themselves outside the system and to be private patients."

Although the figure for private patients is too high in this quotation, another French doctor also pointed to the extent of private practice and the fact that five per cent of English general practitioners are doing exclusively private practice.

Other critical comments were about the absence of competition among doctors, resulting in a sense of security and an absence of rivalry; it was implied that this may be a pity.

The French doctors saw our system as paternalistic and were concerned that this made our patients ' not adult ' and too dependent.

If there must be intermediaries between doctor and patient or doctor and society they must be most carefully picked and trained.

The relations between general practitioners and hospitals were seen as ' difficult '.

"What is a liberal profession?" Would the social security system be as satisfactory and valid under a socialist regime? Has it not succeeded because the regime has been liberal, within a capitalistic, competitive economy? English doctors speak of themselves as free, because they are professionally independent in prescribing, in their judgment and the decisions they make. Is professional freedom enough to make the definition of a *profession liberale*? Is not payment by item of service the distinctive feature of a *profession liberale*?

Patients

Clinical problems, relationships with doctors and satisfaction with the service were common beliefs.

"Free? that is to say that the patient can choose his doctor? Yes, but only from three choices. In this particular place the choice is limited. Moreover, if one of the doctors has a full list, the secretary directs the patient towards one of the other two or even to a fourth who is due to arrive soon. So the choice is limited." (This was in a new town and not entirely typical.)

The French doctors agreed that English patients are generally satisfied with the system. "We could not interview patients themselves to ask them if the system were to their liking. It seems that it is. It suits the English temperament, but it would certainly not suit the French temperament, which likes freedom, likes demonstrating its satisfaction or otherwise, and will always, in my opinion, want to keep the image of a family doctor" (a feature not very much in evidence in the practice visited by the doctor quoted—J.P.H.)

As for the relationship between patient and doctor " A good point about the English doctor; he has been able to keep, despite his role as a functionary, an excellent contact with the patient. Questioning may be precise, but the human contact is still good."

" All the consultations were by appointment except urgent cases, which often were really urgent and were seen at once."

But " From the patient's side? I personally think that choice of doctor is not always adequate and the patient is cut off and isolated from his own doctor. He does not have access to him 24 hours out of 24, only seven hours out of 24. He often has to see another doctor because his own is not there. . . . There is loss of the idea of a family doctor. The patient has definitely to get up and go to see his doctor at this centre. It is seldom that the doctor visits the home for a patient who really cannot come to him, but nevertheless does not need hospital. Out of ten consultations the English doctor does one visit." (This practice is not typical of English general practice—J.P.H.)

Doctors

The French doctors saw their English colleagues as satisfied. " He seems satisfied with his work and his remuneration; he is in the right place in the social scale. He earns more than an engineer or a lawyer. But we were given various percentages for doctors working in private practice." " The majority of doctors are content. The level of income is proportionately higher than in 1948 and there is great scarcity of employment."

As for the salary: " this corresponds to the average French practitioner's salary, but for *half the effort*—at least this was our first impression since the English doctor does not do more than a certain number of hours' work per day. In the centre I visited, the three doctors worked between six and seven hours a day, sometimes eight. That makes 30 to 40 hours a week, excluding emergency duties." " His salary permits the doctor to live very comfortably. All those I saw possessed two cars; almost all own their own house."

The consultation was the subject of many comments: " Very rapid consultations, few clinical examinations, and then very rapid and related only to the organ system under suspicion. Very brief prescriptions, with one or two items on each. Very restrained therapeutics, few antibiotics, almost always by mouth, virtually no injections or suppositories. At the end of the day three home visits to patients with chronic troubles, just as rapid as the consultations and without clinical examination."

" To our question: Why such short consultations? The English doctor replied: " We prefer to have more frequent and shorter consultations so that we may keep contact with the patient. We invite them back in three or four weeks, for example, and these short consultations in a series seem more worthwhile than one long one."

" It is easier to fetch back a patient often if he does not pay, while in our system, apart from chronic patients, we try to do at one occasion everything from the diagnosis to cure by some effective treatment."

" Special investigations are undertaken as little as possible, but, in contrast, the practitioner has a range of investigations which he can do himself, electrocardiography, spirometry—but no minor surgery."

But, in contrast again, in another practice: " Leisurely consultation. Every patient seen by appointment. Slow consultation, despite no effective physical examination. No physical contact between doctor and patient. Above all, the psychosomatic approach by question and answer. The doctor knows all his patients and their history. . . . Medicine of high quality, but above all based on the doctor-patient relationship (note that between 08.00 and 09.00 this doctor holds telephone consultations. His patients can speak to him and he gets five to 12 calls each morning —consultations of importance, ending in a prescription to be fetched later).

" Numerous repeat prescriptions counted as consultations, although we did not see the patient, even including barbiturate prescriptions. They requested in the morning and collected in the evening, without examination. This explains how English doctors can ' see ' a 100 patients a day without appearing to be put out."

" One must note in passing the Balint training of most of these doctors and the fact that they replied to our questions with further questions."

Group practice

Group practice was another subject for comment. The way in which this can limit the choice of doctor and patient's access to his own doctor has already been mentioned. The special clinics for well-babies, contraception, antenatal relaxation, education of young mothers and for certain high risk groups, like the obese, proved interesting. One doctor reports very favourably on the exchange of information about patients between the doctors and the other members of the team at a health centre. But the loss of the family doctor and the relatively small number of home visits at the same centre is criticised. " The doctor goes seldom to the patient's home; he no longer sees the family all together in their own environment. The patient no longer finds the doctor in his own residence, but in a sort of polyclinic. This becomes a sort of impersonal medicine and it is in this that we see the greatest contrast with French general practice."

Teaching

The teaching function of the general practitioner impressed the French doctors. One was particularly impressed by the trainees and the teaching they received. He attended an hour's tutorial, one teacher and two trainees, on the subject of anxiety. He also attended discussions with medical students attached to two group practices. Are we generalists sufficiently expert to transmit an important message to future doctors or to colleagues in practice already? Yes, because it is an *exchange* of knowledge, information, experiences. " Le mâitre de stage " who introduces the young to his profession enjoys a unique, exceptional experience."

Another commented: " In this way the doctor has a place not only in his clinical practice but equally in the teaching hospital. This helps the general practitioner to contribute useful scientific work—statistical research, research into particular diseases, trials of new medicines. Teaching should not come only from senior university staff. Every doctor has something to teach to his fellows. In the health centre too each member has something to teach. The social worker has something to offer to the doctor and *vice-versa*."

Conclusion

These comments were selected from the long, perceptive, interesting reports written by each of the visiting doctors. They are, of course, a personal selection. The full reports were published in *L'Omnipracticien Francais* (1974).

REFERENCE

L'Omnipracticien Francais (1974). April.