Health and the home

THERE is one fact about general practice which is generally accepted to be true: that both the number and proportion of consultations taking place in patients' homes is falling and falling fast. Extrapolations from present figures suggest that home visiting in the UK could be virtually abolished within ten years.

Looked at in its historical perspective this trend is recent, certainly throughout the first 60 years of this century home visiting formed a substantial part of the work of general practice and Eimerl and Pearson in 1966 reported that it took between 40 and 60 per cent of the general practitioner's time. Thus the swing away from home visits has taken place only within the last decade.

This trend is examined in this issue.

In the James Mackenzie lecture (p. 6) Gray analyses the significance of the home using perspectives from the behavioural sciences and concludes that there is still a place for selected home visits in general practice.

Parkes, in a disturbing survey of the care of patients dying at home compared with hospital (p. 19), found that the control of pain as seen by surviving spouses was much better in hospital than at home.

Leach and White (p. 32), in a recent survey of drugs in the home, found, as others found before them, substantial numbers of prescribed medicines, most of which had been prescribed by general practitioners.

Mackessack-Leitch (p. 38) draws attention to domestic accidents, a topic which has been curiously overlooked in general practice. Surprisingly, it is the responsibility of the Department of Consumer Protection rather than the Department of Health, and large-scale surveys are now under way.

Metcalfe (p. 46), in a preliminary report of the opinions of practitioners attending an annual meeting of the College, shows that practitioners do recognize substantial numbers of family and social problems in their patients' consultations and that the majority of these arise from the home and the relationships there.

The future of home visiting in the UK is hard to see. Majority opinion suggests that its use is limited, the time it takes is unjustified, and that any attempt to reconsider its place would be "putting the clock back". Nevertheless, general practice today has to put every aspect of its work under the microscope and to balance carefully the pros and cons of each. Whatever the significance of the home in relation to health, it is surely worth much more study than it is at present being given in general practice.

Dying at home

THE urge to remain in one's lair during moments of crisis is innate and perhaps this is why so many patients ardently wish to die at home. It may also be that they are too weak to endure easily the noise, the handling by unknown nurses, the unpredictable quality of care, the indifferent food, and above all the lack of privacy associated with hospitals. It is uncommon for patients themselves to seek admission to hospital in their last illness in order to protect their families, although nearly one fifth of cancer patients who die at home are cared for by relatives over 70 years of age.

Yet because houses are smaller, part-time jobs commoner, families more dispersed, and death a feared stranger, our custom now is to take more and more of our patients each year into hospital to die. Of those who die in hospital over half will have spent most of their last month on earth at home (Ward, 1974).

If the patient, the family, the general practitioner, and the nurse are all keen to see a terminal illness through at home rather than among strangers, then the team have to work hard and well together for weeks at a time. Such a burden, when it is sustained with mutual understanding and respect, may well prove of inestimable benefit, not only for the patient but also in the management of the family's grief even before they are bereaved.

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