

Editorials

WHERE DO PEOPLE DIE?

The first reaction of a general practitioner to this question would undoubtedly be, everywhere and at all times; at home and in hospital; in bed and out of bed; on the pavement and in the sea, and, fortunately very seldom, in the surgery.

In the recently published report on *Peace at the Last* to the Calouste Gulbenkian Foundation, 1960 by Dr H. L. Glyn Hughes there is a formidable list of places where people may die. From figures supplied by the medical officers of county councils and county borough councils, administrative medical officers of the hospital services, and many voluntary organizations, religious orders, philanthropic bodies, service organizations, nursing bodies and almoners as well as by 600 members and associates of the College, Dr Glyn Hughes ascertained that nearly half the deaths in the country occur at home. What is disturbing is that of those who die at home a sixth are suffering from neoplasm. "These must include a large proportion of patients requiring continuous medical and skilled nursing care. The relief of pain in particular, not to mention the requirements of surgical dressing and other technical skills, must impose considerable difficulty in the nursing of these patients in their own homes". So says the report, yet all family doctors will have at times been impressed with the devoted skill of those near and dear to the dying patient. The patience under harrowing circumstances; the neatness and cleanliness achieved even where there is incontinence and persistent vomiting; above all, the resolute insistence that the patient must be allowed to die in his own bed in compliance with the wishes so often expressed in the earlier stages of his illness. Each family has indeed to be treated as a separate problem, for the act of dying, except when death comes suddenly, is a process involving the whole household, which has to be played out in all its varied changes of scene, slowly to the bitter end. So often the chief actor comes gradually to take on a lesser role, as the nurses, relatives, and neighbours become exhausted in their efforts; and the doctor as guide, philosopher, and friend has to give more and more attention to those around. It is then that the time so often comes for the patient to be removed to hospital. The ideal is the

small "cottage" hospital near to the relatives of the patient, where the family doctor can continue his attendance. But this type of hospital is not commonly found in large towns and is not always present in the smaller: resort has to be made to the "geriatric units"; forbidding when viewed from the distance, and still known to older people as "the house", often these former public institutions have been transformed imaginatively inside by enlightened hospital management committees, but yet the long wards with their regular lines of closely placed beds, oddly mimic the silent mounds in the neighbouring cemetery.

Old people removed from their familiar surroundings to a hospital or institution often die quickly. This happens so frequently that we may infer that the move to strange surroundings has been the cause. Separation from the old familiar objects, from the sight and smell and above all from the feel of things—for touch is in the aged the most acute and trusted of all the senses—is a wrench sorely hard to bear. Is it not a manifestation of some primitive belief that things belonging to a person are part of him, and that he may be influenced for good or evil through them? The very word "belonging" is redolent of that belief. Men and women, when the time of departing draws nigh, wish to be where they belong—amongst the things they own.

This report on *Terminal Care* makes many useful suggestions, but we are somewhat chilled by the opening sentence of the section on Recommendations, "To achieve worthwhile results it is necessary to undertake an orderly sequence of planning". Planning is a modern vice as inescapable as death itself.

SURVEY OF CONGENITAL ABNORMALITIES

"Is it all right, doctor?"—"Yes, it seems to have two of most things". How comforting the assurance in the hour of her relief, and how agonizing the dilemma for doctor or midwife on the less frequent occasions when some abnormality of the new infant is immediately obvious. With so much that might go wrong, we must all at times have marvelled that developmental defects are so infrequent. Yet we can all count one or more such children among our patients.

A year ago the College started a survey of congenital abnormalities. Up to October of this year only 200 members and associates out of a possible 4,700 had notified details about such patients to the director of the Epidemic Observation Unit. The number of replies is