CONTROVERSY

End the division in British medicine

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Frank Honigsbaum (1979) has traced the history of the way in which British general practitioners gradually came to be excluded from hospital work, culminating in the great schism in medical practice that occurred in 1948 with the introduction of the NHS. At that time doctors had to choose between hospital work and general practice, and only in certain areas, usually country districts, were general practitioners allowed to be in charge of hospital beds, or to have access to hospital facilities.

SINCE then it has been an uphill struggle to win back access to hospitals. The most notable victory in this respect has been the opening of the doors of pathology departments to general practitioners throughout the country. This has led to considerable improvement in the possible accuracy of diagnosis, especially with regard to haematology, infections, infestations and biochemical abnormalities.

Open access to radiology is now available in most areas but there are still extensive parts of the country where this is not so. Recent reports on obstetrics (RCGP, 1982) and physiotherapy (DHSS, 1981) have emphasized the need to integrate general practitioners and hospital doctors into a unified service, but attempts to introduce the principles enunciated in these documents have met much opposition, both locally and nationally.

There has been a number of experiments with special inpatient wards for general practitioners to use, and the published reports usually indicate that they are very successful and well liked by doctors, patients and staff. General practitioners in country areas have always been expected to run their local community hospitals. Why are town doctors considered to be any different?

Anomalies

Today we have the anomaly of some general practitioners having open access and others being excluded. Thus in the Scarborough District, the general practitioners at the periphery of the district undertake all the day-to-day medical care of their patients in hospital but those back in the main town of Scarborough are excluded. Yet if they send a patient into a private nursing home they can continue to care for him as general practitioners. Many studies have shown that a substantial proportion of the patients sent into hospital by general practitioners is suffering from relatively straightforward conditions which normally would be cared for at home. They have been sent to hospital mainly for nursing which is not available at home.

Our colleagues in the hospital service experience considerable heart-searching as they try to solve their staffing problems. Every consultant seems to dream of the days in his teaching hospital when each consultant had a senior registrar, a registrar, a senior house officer and a house physician working in his team. Now that the logistics of this have been calculated it has been realized that such staffing ratios cannot continue indefinitely. Plans are afoot to appoint more consultants and reduce the number of junior hospital staff. But I cannot see consultants wishing to deal with the daily run-of-the-mill work in hospitals, and will this not dilute their experience to such an extent that they will no longer be specialists?

A Possible Solution

General practitioners should be invited back into the hospitals—and not as clinical assistants but as general practitioners! This might solve the hospital staffing problem, and at the same time it would enable general practitioners to join their hospital colleagues on their own ground and would end the 'them' and 'us' attitudes so prevalent today.

I envisage a scheme whereby local general practitioners can apply to their district hospitals for admitting rights. If approved they can admit their own patients to the wards and look after them there. They could be paid according to bed occupancy. Not all general practitioners would wish to apply, for all sorts of reasons. Some may not be interested, some may be heavily committed elsewhere, and many would feel that they lived too far away. Surely such a scheme would reduce the number of junior hospital doctors required.

Honigsbaum's book ends with a quotation from a speech of Lord Moran's in the House of Lords in 1958:

> "... I have no doubt that what I am saying is highly controversial and probably many consultants will differ completely, but I believe that in time the pick of the general practitioners must follow their patients into hospital and will become part of the staffs of those hospitals. I know it will be said that the standard of those hospitals will go down, but I do not think that that should happen if we see that the general practitioners are properly integrated with the consultants already on the staff of the hospitals. It is the bond between these two that will decide the success of this experiment. I shall not myself live to see it carried out, but I believe that it is the most important administrative move in the next decade. If that is not done, with a discontented profession, efficiency must wither, whatever the remuneration."

In the aftermath of the Short report, is this the time to begin to try to introduce this idea? Let us end "The Division in British Medicine".

References

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