

G.Ps THROUGH THE EYES OF A DISTRICT NURSE

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The telephone rang at the nurses' home, and when I answered it Doctor X explained the nature of the case he wished us to visit—not a pleasant one. "I am so sorry to have to send you out to such a house, Nurse, but I really should be most grateful for anything you can do to help this patient".

Later that morning the telephone rang again. This time it was a patient who was phoning. "Doctor Y said I was to get in touch with you. He says I'm to have some injections, but I haven't got them. Of course I could go out for them myself but the doctor said you would get them for me".

What a difference in attitude between these two general practitioners; the one using the personal approach and giving a full explanation, the other not bothering to contact us personally, but sending a rather unhelpful message through the patient. The attitude of general practitioners towards district nurses affects our work very considerably. Apart from a few patients who are referred to us by the hospitals or the local authority, they all come through the general practitioners, and we work under their guidance and supervision. It is therefore of vital importance to us, and I believe it must be to the doctors also, that mutual trust, confidence, and understanding should be absolute.

Is this in fact the case? If it is not, why not, and can anything be done to improve matters?

If we look back to the beginning of our respective careers we see ourselves training side by side in hospital; you as medical students, we as student-nurses. There was a good deal of sympathy between us then; we were all in it together. After qualifying our ways parted temporarily; we probably went off to train as midwives before being bitten by the district bug (sometimes all too literally!) and going on to do district training. Then we met again, this time as general practitioners and district nurses.

Where then, did the differences creep in, if indeed they are there at all?

Perhaps the older district nurse, already established on her district is too set in her ways to accept the keen, new general practitioner; J. COLL. GEN. PRACTIT., 1963, 6, 159

or perhaps it is the older doctor who resents the intrusion of a young nurse into the area he has served and loved for so many years. In a town area it may simply be a question of size and numbers. Dozens of nurses and doctors will be covering the same area. This means that each nurse will care for the patients of many different doctors, and that each doctor will call upon many different nurses to help him. There will be an inevitable remoteness and lack of personal contact. These problems will not arise in a rural community where there are so many fewer doctors and nurses in each area that they are bound to know each other better. Here the danger lies in a conflict of ideas or clash of personalities.

What is being done to prevent this happening, and is there anything more that could be done? I can only answer for district nurses

Every state registered nurse who wishes to become a district nurse has to undergo a three or four months training to fit her for this work. Part of the time is spent out on the district, in practical work, under the guidance and supervision of senior nurses and superintendents. The remainder of the time is spent in the classroom, learning the theory that lies behind the practice. In both parts of the training great stress is laid on the fact that the nurse's work cannot be done in isolation; that she is dependent on the other members of the health team.

In the theoretical field this is emphasized by explanation of the work of those with whom she may come into contact, both by the tutor and in lectures by the people concerned. Of these one is a general practitioner whose subject is "Co-operation between the district nurse and the general practitioner"—a most practical and valuable lecture. On the practical side, too, the question of co-operation is stressed by encouraging the nurses to contact other workers whenever necessary, and, if at all possible, to do so in person rather than over the telephone. So it is that district nurses present themselves in your surgeries to discuss some particular patient with you. It may be that you are very busy and can ill afford the time, but the nurse is busy too and will certainly not hold you up for longer than necessary; and we do believe that this is a far more satisfactory method of exchanging information than over the telephone or by a written note.

That is the district nurse's side of the picture. Is there anything more that could be done to ensure closer co-operation between our two branches of the profession?

It is always difficult to work closely with someone whom you do not know, so there is always a problem when nurses or doctors go to work in new areas. How are they to make themselves known to the

existing workers? Whose responsibility is it; that of the newcomer or of the established staff? This must depend on the type of locality. In the country, the whole neighbourhood will be aware that a new nurse or doctor is expected, and will be only too anxious to meet them and see what they are like! So there is no problem there. In a town the situation is rather different. The nursing population is constantly changing, but the basic institution of the nursing service remains stable, so that the doctors will always know how and where to contact them. On the other hand when new doctors come to the area, the nurse has no means of knowing who they are or where they work. How helpful it would be if some system could be devised for notifying the district nurse when a new general practitioner starts work in the area, or even if he could contact the main nursing centres himself.

Once established in a district, the doctor and nurse have three possible methods of communication; in writing, by telephone, or by personal contact.

Contact in writing is usually made through the message paper which the district nurse keeps at each patient's house. These papers are written, sometimes with too much haste but with thought and care, primarily for the purpose of keeping the doctor informed of the patient's condition and needs, in a detail which the doctor, on his less frequent visits, cannot observe. How disappointing it is for the nurse to hear, after the doctor's visit, that, when offered the paper to read, he said that he did not wish to see it; how heartening on the other hand, to find a note of recognition, however short, has been added to her own notes.

The most usual method of contact is by telephone, but even here there are difficulties. Some general practitioners are too busy to contact the nurse, and leave it to their secretaries, or even to the patients themselves. This is obviously less satisfactory than being able to explain the case and discuss the circumstances at the outset. Or if the nurse should wish to telephone the doctor to discuss some matter with him personally, she has to get past that implacable barrier, the doctor's wife; surely the most protective woman in the world!

There remains personal contact, without doubt the most valuable method, but also the most difficult and time consuming. Is there any way in which it could be improved or increased? Doctors and nurses can meet either professionally or socially; professionally at the doctor's surgery, at the nurse's place of work, or at the patient's house—a difficult thing to arrange, but most satisfactory, at least to the nurse, when it does take place. Socially perhaps more could

be done by having periodic meetings or get-togethers which need be no less pleasant for the fact that they have an underlying usefulness.

And what of the future? The scheme of comprehensive health centres does not seem to have fulfilled its promise or the early hopes for it. Shall we see district nurses attached to, and working from doctors' surgeries? This has been considered, and tried without great success. Nevertheless the system of health visitors centred on doctors' practices is working well in some areas, and certainly increases co-operation, so it may yet spread to district nurses. Or shall we, in the even further future, have a compression of all the health services, so that general practitioners and district nurses are working alongside, and in perfect harmony with, hospital staffs.

Probably there will always need to be a variety of ways and means according to local conditions, but the thing that really matters is that some way should be found by which there is good co-operation between the general practitioner and the district nurse, bringing the greatest possible help to the patient.

*Dear Doctor, Please would you supply some more — ?
(How often you have seen these words before
On message papers, usually asking you
For gauze or dressings, or for something new.)*

*Now I would ask for something else from you:
For your co-operation through and through,
For backing when I'm not sure where I stand,
Full explanation of the case in hand.*

*A personal appearance now and then
At surgery, or patients' home, or when
You happen to be passing by my place,
Would make my work much easier to face.*

*So may I say a very big "Thank you"
For all the things that you already do.*