RESETTLEMENT—THE LAST PHASE

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In his last budget, the Chancellor of the Exchequer announced as part of his plans the rehabilitation of derelict sites. That reminded me that the term ' rehabilitation ' which we have come to use in medicine, is probably quite inappropriate, because it really hints at derelict or down-and-out human beings. It is not really a description appropriate to the resettlement of the sick or injured man who has of course never been ' dehabilitated '; still less is it applicable to the efforts to bring a child physically handicapped from birth through his years of education and re-education to the final stage of being settled in some vocation within his physical limits. As one responsible with others for the introduction of this term immediately following the first world war, I have been most dissatisfied with it for some years. In the search for alternatives, the term ' re-ablement ' is one which appeals to me and which I think was used first by Sir Theodore Fox in one of his *Lancet* editorials. ' Re-ablement ', of course, is the obverse of ' disablement '; perhaps it has a limited application to the physically handicapped. ' Reconditioning ' is another possibility, but it is a little cold—we recondition furniture, we recondition clothing. Probably ' re-ablement ' would be the best of these alternative terms, but it is quite unlikely now that ' rehabilitation ' will go out of fashion for a long time, because it has become firmly attached to hospital departments and to institutions.

One of the main criticisms of its use in medicine is its mis-application, as it is now used to cover a variety of procedures, such as the prescription of appliances for the disabled, the prescription of artificial limbs for the amputee, and the re-education of patients in the use of such artificial aids. That is not, properly speaking, rehabilitation; it is really a part of the art and science of orthopaedic surgery as seen in its proper setting in university orthopaedic departments in Germany, Scandinavia, Italy and other countries. Also, it is not a very accurate term to cover the long-established range of measures of remedial therapy; and a still more glaring misuse of the term is to use it to cover the whole range of procedures in the comprehensive care of the adult physically handicapped, whether from illness or injury, in which diagnosis, prognosis, and treatment in the active phases of illness and planned convalescence is included. This point was very well made by Wing-Commander Wynn Parry when he said that rehabilitation was not a separate

discipline, but a stage in the art and science of the practice of medicine.

In the underdeveloped countries we find, under the influence of the United Nations and W.H.O., centres which are complete hospitals for early diagnosis, research, treatment and re-ablement for physically handicapped individuals, adults and children misnamed under the title of " rehabilitation centres ". If we look into the future and we envisage ideal conditions for the practice of medicine, whether conducted by the family doctor outside the hospital or by consultants with the wide resources of hospitals available to them, then the whole gamut of care of the sick person, from the first stage of diagnosis to the final stage of recovery to maximum capacity should be a unified process under unified control. The clinician, whether family doctor or hospital consultant, fails in his duty if he breaks off before the end-phase, leaving the patient to his own devices or assuming that other services will ultimately rescue him, pick him up and take him on to the stage of resettlement. In using the resources available to him, the clinician cannot act in isolation; he must invoke at all stages the social services both within and outside the hospital. I think it is unlikely that this ideal pattern of medical practice, with a planned programme running smoothly, will appear for a long time, and therefore special organizations under the title " rehabilitation centres " must endure and must be re-deployed and extended. On the other hand, surely in the teaching of the undergraduate and postgraduate student this idea that the clinician should have responsibility and should follow through to the end his patients in all the major fields of medicine and surgery is a necessary part of medical education.

The individual clinician will vary in his acceptance of this concept of responsibility, and therefore we see that the need for medical centres such as the one described by Dr James Sommerville, and highly specialized centres such as the famous centre for paraplegics at Stoke Mandeville, will continue. The general comprehensive rehabilitation centre as described by Dr James Sommerville will obviously be needed for a residuum of the sick and injured who have reached an impasse, no matter how comprehensive the remedial and re-ablement programme they have received in general or special hospitals. These patients will want a new atmosphere, one in which there is a corporate feeling; and they will want to see a lot of new faces. The clinician primarily responsible for their treatment has become a little tired of them, and the patients will have become tired of their doctors. Then the special problems in re-ablement obviously demand centres for the fighting Services. The Royal Air Force is fortunate in that it is a sheltered employment in itself, and has the

technical, mechanical and industrial workshops where a disabled man can be used. The Royal Navy, demanding a hundred per cent fitness will discharge the rating, and particularly the officer, at a very early stage. The Army may come somewhere between, because many of the supporting services are carried out by civilian employees. So there will be need for special institutions for the services and for the paraplegics, and maybe for the aggregation of workers from very heavy industries like the miners' rehabilitation centres. All this means a development and deployment of centres on an economical plan, and an avoidance of overlapping of effort.

It is quite unlikely that in the Minister's new ten-year plan for district general hospitals serving limited catchment areas of from 150,000 to 200,000 people, every single general hospital, which is expected to cover diagnostically every phase of medicine and surgery, will be able to provide comprehensive re-ablement for a mixed population. I would agree with Dr Sommerville that if these centres are developed on a regional basis they would be better affiliated to a large general hospital, although with a good deal of independence.

We come to the final phase of resettlement. Even this term is not accurate; for example, a child physically handicapped from birth has never been unsettled, but he is on his way to be settled if he is given all the resources available today—education, surgery, appliances, re-education, vocational training and ultimate placement in some vocation within his physical grasp. The same applies to the adult, whose fate may be decided long before the end of his illness, no matter what resources of modern medicine and surgery are available to bring him through to maximum physical capacity. In the old days, the situation was relatively simple; the sick and injured patient could often be returned to his old employment, or be found a new job through the simple communication of the hospital almoners directly with employers and outside social services. That is no longer possible. Hospital almoner services are understaffed; the production each year of the highly educated and skilled almoner is very limited. That is where we have to depend on the Ministry of Labour. Ultimately, work has to be found through employment exchanges, either directly or for the disabled through the social workers of the Ministry of Labour—the disablement resettlement officers. This is not always easy in periods of high unemployment regionally or nationally.

The general practitioner has today heard very clearly of the organizations available both to him and to the consultant. The local authorities are going to play a more important role in the future. Through their welfare departments, their sheltered workshops and other services of that kind they will come much more into the picture

and much nearer the general practitioner. However, it is by the increasing entry of the Ministry of Labour's disablement resettlement officers to the hospitals that the ultimate final resettlement of patients will take place.

There are gaps in this picture. There is the gap, for example, between the general practitioner and the consultant at the hospital, so that the general practitioner is not informed that his patient is due for discharge and what arrangements have been made for his follow-up and for his resettlement or reabsorption in work. There are other gaps, such as the gap Dr Cooksey referred to within a most careful and brilliantly conceived scheme which he has developed for those sick people whose disabilities must deteriorate as the years go on. As a profession it is our duty to try and fill these gaps, bring together the health services and all that they represent, without which the ultimate resettlement of the rehabilitated patient will be quite impossible. Perhaps in the future the industrial rehabilitation units of the Ministry of Labour should come closer to the hospital services, as contemplated in Glasgow, where an industrial rehabilitation unit is to be built within the compound of a big general hospital. There might be side by side with the industrial rehabilitation units and government training centres a medical reablement centre controlled by the Ministry of Health through its peripheral agencies. All these experiments may have to be contemplated. I think the most important consideration is that whatever pattern emerges, it should be one in which overlapping is avoided and in which economies can be maintained.

DISCUSSION

Question: As far as I can see, there is nothing in the law at the moment which helps these people economically, because a lot of them can get more money by not working than by working; psychologically this is bad. Do you think that the only answer to this situation is to produce new Acts?

Sir Harry Platt: That may be the answer, but it is a bold assertion to make. I have heard of individuals here and there, even paraplegics in a well-known centre in the north of England, who are not tempted to go out to work by the allowances which the labour exchanges, through the disablement resettlement officers, have arranged. My friend Mr Guttmann may come across such a