WITHOUT PREJUDICE

Four young women—three secretaries and a teacher—left Britain for Canada in 1964. One of them is now in charge of a library in a Canadian medical centre. "As a happy yet still loyal British immigrant to Canada," she writes, "I always turn eagerly to your article when the *British Medical Journal* arrives. . . ." And then she proceeds to slate me severely for my admittedly gloomy remarks in the *B.M.J.* of 5 February, though she may by now be revising her opinion if she has read the famous leader in *The Times* of 10 March, the title of which might well have been *J'accuse.*

"Did you realize," she asks indignantly, "that it is not possible to get up in the local park here and preach out against the government?" I must admit I didn't realize that; or that "British clothes exported to this country are better finished than anything in the U.S. or Canada of like quality"; or that "few Canadians say what they really feel." Her teacher friend says that Canada is way behind Britain in her special line of teaching.

My pen-critic and her companions went to Canada, she says, for the sake of travel and to broaden their outlook. They were evidently undeterred by G. K. Chesterton's dictum that travel narrows the mind, though their Canadian acquaintances may begin to suspect that it confirms innate prejudices. Do I really know, she writes, how many of the emigrant nurses "returned because nursing in North America at least is not professional enough for those trained in very different hospital backgrounds."

Peccavi, I say to myself, but with subdued conviction. *Mea culpa! Mea culpa!* But having recovered my composure, I note that this energetic young woman who pays me the compliment of saying to me what she thinks will soon have been in Canada for two years, in spite of the fact that she can't speak against the government in the park.

After all, I don't suppose the Pilgrim Fathers meant to stay in North America as long as they have done. No doubt many of the migrants will stay there just long enough to stand and stare before returning home. Those who stay longer to learn new things may also come back refreshed with new ideas. But enough stay away long enough to worry those whose job it is to staff the hospitals with doctors, nurses, and other professional people. And we urgently need energetic young women to come back and speak against the government in the parks; and it doesn't matter which government it is.

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Burke said that if you try to exhaust a subject you exhaust the reader. This pithy comment I found in Kingsley Martin's *Father Figures.* When he joined the *Manchester Guardian* as a young man Professor Hobhouse told him that a leading article "is only a piece of well-informed conversation." And Mr. Martin adds: "You must take up a problem in the middle, as it were, and join in the current talk about it." But this is not a leader page. It's just a market stall where the sole proprietor joins in the gossip of his neighbours, interested in talk and travellers' tales, and in picking problems up in the middle.

With the medico-political pot on the simmer till the end of the third week of April any news of the to-and-fro movement of doctors is eagerly snatched at. For example, the other day I saw in a report on the N.H.S. in Scotland that there had been a steady fall in the numbers of G.P.s from 1961 to 1964: from 2,924 to 2,851. (There was a steeper drop, I believe, in 1965.) But there has been a correspondingly much steeper rise in the numbers of hospital doctors in Scotland—from somewhere around 2,700 to 3,164 in 1964. Another point I found of interest was that numbers working part-time have been stationary for some while. The number of whole-timers has risen from 453 in 1961 to 649 in 1964.

This is the trend not only in Britain but also in other countries. Scotland, it seems, is planning its future hospitals with this trend in mind. In its *Hospital Plan* published last month it is stated that "no new hospitals will be built without the fullest consideration of the possibility of associating with them the appropriate kinds and sizes of health centres to enable the general practitioner and community services in their areas to be functionally integrated with the hospital service." I think I understand what that means; but what a mouthful!

It could mean that health centres might be part and parcel of the hospital, an idea that was promoted fairly soon after the N.H.S. began. And now Guy's Hospital is reaching out into an adjacent community through its General Practice Research Unit under Professor Butterfield (*Lancet,* 19 March). There's going to be a new community along the Thames between Woolwich and Erith. This will take about 15 years to complete, and the medical services are being planned to fit. Professor Butterfield and his group have defined their ideal as "a single 'family health service' looking after the primary needs of the family as a whole—the mother, the children, and the breadwinners." This is another admission—maybe tacit—that in fact the family doctor has been a rather rare bird in the medical shrubbery. The numerically small middle classes of yesterday were looked after by G.P.s who could not avoid being family doctors. But the great mass of people did not, so to say, present themselves to their panel doctors as family units.

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The U.S.A. once again provides an example of planned vocational training for "family medicine." St. Joseph's Hospital is a teaching institution with 350 beds, linked with the State University of New York. In the Family Practice Project (FPP), now entering its third experimental year, 50 "welfare families" are assigned to one of the hospital residents for family care. This is part of the two-year training programme for general practice. "The family is assigned to one of the residents, who sees each member of the family regardless of age, for a preliminary health evaluation." Each member is examined at least once a year: ". . . the social-service history is reviewed, as is the report of the preliminary home visit of the public health nurse." If a member of a family has to be warded the trainee follows the patient there, and the decision and arrangements for discharge are made jointly by the ward physician, the FPP resident, and the FPP social worker. The authors of the article (*J. Amer. med. Ass.,* 10 January 1966) describing this experiment believe that with the shortage of doctors, advanced technology, and soaring hospital costs, hospitals "must become involved also in a comprehensive type of out-of-hospital care." And in this trial trip at St. Joseph's the "neighbourhood family centre" is located in the outpatient department.

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Two years ago I suggested to a few, a very few, important people that a specially selected group of physicians, surgeons, researchers, and general practitioners should band together—a baker's dozen of them—to look into just such experiments as the above without any reference whatsoever to pay or methods of pay. The seed fell on infertile ground. Yet this is the outstanding problem of medicine today. Of course a lot of solid work is being done, but unless a note of urgency is introduced into debates on the nature of family medicine the general practitioner will slowly and silently vanish away. The pricing of the new family doctor's charter is no answer at all. It should provide a fairer way of relating pay to effort and outlay. And that is important. But it will be of real value only if it is speedily followed by a grand inquisition into the nature of family doctoring in the last quarter of the 20th century.

PERTINAX