

## Personal View

"The Law is like the Ritz—open to all," was the sardonic obiter dictum of a High Court judge in the 1930s and one could parody this, "The National Health Service is like the Ritz—open to all" but a rider would have to be added, "But not at the time the patient wishes to enter its august portals." I can remember a time before 1948 when if a patient wished to consult a doctor he simply called at the surgery and was never turned away except on the ground that the doctor was too busy to see him. Usually that is not possible today.

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I recently acted as a locum in a large city general practice. The surgery premises were built after the fashion of a classical circus, the centre or arena being the office area occupied by several administrative staff. Through them and only through them was it possible to gain access to a doctor. Around the arena were several little rooms occupied by half a dozen doctors and paramedical staff. In my innocence I thought that in the multitude of medical counsellors there would be ease of consultation, but alas!, the opposite prevailed. For example, a woman who injured her arm had to wait three days for an appointment. The outcome of the consultation which took no longer than five minutes was a referral to a hospital for an x-ray examination, which could not be done until next day. She had therefore been in pain for four days before receiving the correct treatment.

I have also worked as a doctor on a support ship responsible for the medical care of the crews of between 40 and 50 fishing trawlers operating off the coast of Iceland. In the course of a few weeks several fishermen with toothache asked me to pull their teeth and I did so or tried some temporary measures. When I asked them why they came to sea with teeth which were carious, likely to cause them trouble, and which would possibly have to be dealt with by a doctor in bad weather conditions with the ship bucking all over the place, they all gave the same answer. After a fishing trip lasting for about four weeks they had only three days at home and it is impossible in that time to find a dentist who can give them an appointment even for an examination. They can attend a shipping federation establishment but there their carious teeth are extracted because there is not time for conservative treatment. Surely it is not beyond the ingenuity of the National Health Service administration in fishing ports to make special provision for seafarers so that proper treatment and follow-up may be done between trips.

I was on another ship when a member of the crew consulted me before we left harbour because of abdominal pain which he had had for several hours. When I chided him for not seeing his own doctor ashore before "signing on" he told me he had tried to make an appointment but the receptionist had told him that he could not be seen until the next day, though she knew that he was a seaman and that his ship was due to sail later in the day. I could not permit a seaman with abdominal pain to go to sea and perforce had to arrange a hurried admission to hospital on a somewhat flimsy diagnosis of appendicitis. The final diagnosis was gastroenteritis and as the man worked in the catering department it was just as well he was put ashore.

The above three examples are taken from many I have met which engender in me the feeling that an element of unconcern and indeed coldness may be creeping into the medical profession. I was interested to see some months ago the notice of a meeting of the Christian Medical Fellowship entitled "Is the medical profession losing its soul? Some disturbing trends." I am inclined to agree though the causes may be difficult to define. One cause may be connected with the current idea that big is best. Medical practices keep expanding into large partnerships and this may have unfortunate results for the patient. In the days of singlehanded practice when the patient came to consult his doctor he knew exactly whom he would see. Now his doctor will be a member of a partnership and any member may attend him depending on which member may be on duty at any particular time. The result is that in the course of the investigation and treatment of one complaint he may have to see two or three different doctors and that is a bad thing.

Another cause may be the fashionable notion that administration is all important as in my first example. Too often the patient is lost as a human being and becomes merely a five-minute entry in the appointment book. A third cause could be the number of patients in the practice. Under the terms of the National Health Service to make a satisfactory living a general practitioner needs to have more patients on his list than he can treat properly. So his work is hurried and each patient may not receive adequate examination.

A reasonable comparison may be made with a student health service which I know. The number looked after is about 3000 and there are four doctors, three fully qualified sisters or nurses, two receptionists, and a secretary. That is the amount of people looked after by one doctor or at most two with probably two part-time receptionists in the National Health Service. Payment is by salary from the university and so the doctors do not have to be concerned about the number of patients they have. The length of the appointments depends entirely on the kind of case; a great deal of counselling and psychiatric work is done and that has to be unhurried.

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It may be demurred that this is a full-time salaried service, which I think is still anathema to most general practitioners, but I do not think that any doctor would object to a salaried service if he had as much ancillary help, so little feeling of harassment by work, such good hours, and no need to worry about the overheads. Nevertheless, the idea of such a service for general practice can only be a pipe dream. I do not know the cost of running it but it must be several times that of the similarly sized practice in the National Health Service and that puts the possibility right out of court as our country would not foot the bill. It has not yet penetrated to our politicians that a health service giving both patients and doctors a square deal needs a lot more money than has so far been imagined.

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