MEDICAL PRACTICE

New Horizons in Medical Ethics

Who is the Patient's Friend?

This tape-recorded discussion was devoted to the mechanisms for complaints within the Health Service. In their working papers, circulated before the discussion, Mr. Rudolf Klein, an academic who has written extensively on this topic, argues that the existence of some sort of patient's friend would reduce the number of formal complaints; Dr. David Pyke, a consultant physician, that public pressure is the best remedy for errors arising in institutions; and Dr. Andrew Smith, a general practitioner and lecturer in family medicine at the University of Newcastle upon Tyne, that the best solution is a local one, probably in the form of a social worker as part of the G.P.'s team. The working papers are printed below, followed by the discussion, which was chaired by a member of the B.M.J. editorial staff.

Role of the Ombudsman

RUDOLF KLEIN

When we talk about an ombudsman, whether in central or local government or in the Health Service, we tend to confuse two quite different functions. There is the quasi-inquisitorial or judicial function of inquiring into grievances. And there is the much less formal, much less clearly defined function of explanation, mediation, and sorting out misunderstandings. The Parliamentary Commissioner (and the Health Commissioner) is an example of the first; the Ulster Commissioner for Complaints is an example of the second, though he also has some inquisitorial functions.

Given this, there seem to be two questions to be discussed so far as the N.H.S. is concerned: firstly, how adequate will the proposed Health Commissioner be in the first role; secondly, does he need supplementing by someone filling the second role? So far as (1) is concerned, I would assume that in practice the Health Commissioner will not be handling many cases. He will

be important chiefly as a check on the efficiency and humanity with which the health authorities themselves deal with complaints—since basically he will be able to act only when complainants have gone through the administrative machinery. Nevertheless, what little evidence there is (cf. the Vera Carstairs survey¹) suggests that in fact patients are very bad in articulating complaints and extremely reluctant to put them on paper. Given the average layman's lack of information, indeed, it seems as likely that he will accept unquestioningly major blunders as that he will complain over irrelevancies.

Hence the case for some sort of patient's friend: a neutral figure who can find out, explain, and where appropriate get the complainant and complained-against to talk together. My own hunch would be that this would tend to reduce the number of formal complaints. Nevertheless, I would also maintain that this ought not to be the aim of the exercise. If anything, the N.H.S. ought positively to welcome and encourage complaints instead of resenting them. The N.H.S. is conspicuously short of data about customer satisfaction (despite the efforts of the King's Fund to encourage regular surveys of hospital patients). Unless those running the N.H.S. are prepared to say that they are the best judges of what the customer wants (as distinct from the technical competence with which the service is delivered), they should actually welcome any system which helps to articulate the patient's views—always remembering that the dividing line between a negative complaint and a positive suggestion for improving the service is often difficult to draw.

Problems in Hospitals

DAVID PYKE

Considering patients in hospital I think their interests need protecting from inefficiency, lack of organization, ill manners, lack of communication, error in judgement, overinvestigation, underinvestigation, and lack of feeling, among other things. These faults and failings can derive from either institutions or individuals. For institutional errors, public bodies and pressure are the best—or the only—remedy. These measures should be increased (I mean here not technical and economic questions, such as whether a renal dialysis unit or convalescent home should be built, but rather matters of general concern such as long waiting lists and delays in outpatient appointments).

Local Solution the Best Answer

ANDREW SMITH

Nobody does protect the patient's interests on any scale at present. Two possibilities are an ombudsman and patients associations. The first might work with major problems for articulate literate patients, but would be too remote for most. Patients associations would also share the same disadvantages. Somebody local is needed and the obvious person is the general practitioner. If his set-up is a personal one patients do complain to him about inefficient hospital appointment systems and to his reception staff about administrative faults in his own practice set-up.

The general practitioner and his staff are better in this role when there is a clinical component—for example, child rearing

To deal with the faults and failings of individuals, external bodies or authorities are ineffective or even counter-productive; they may either provide a focus of largely irrelevant conflict or seem to absolve doctors from their individual duty. A Health Commissioner is important in terms of preventing or revealing gross error or abuse (such as that at Ely Hospital) and his appointment is to be welcomed; but he will not be helpful in terms of individual patients, except in minute numbers. The responsibility here must be with doctors, nurses, and other hospital staff.

Points to emphasize are: (a) the tone is set from the top; (b) we know little of how our colleagues actually handle their patients; (c) we should be much more severely monitored for lateness and other forms of ill manners; and (d) students are good critics. In general, patients* are not badly treated nor are they much dissatisfied. They could be more articulate than they are, but the needed and continuous improvement in doctors' behaviour can come only from within the medical environment.

*(not "clients" or "consumers")

(with health visitors) or marriage problems presented as anxiety or physical illness. But G.P.s are not trained for, nor often consulted about such problems as teenage revolt, though training can be built into vocational training for general practice. Our present young trainees are very interested in the social component of disease—despite their lack of undergraduate education in behavioural sciences.

Probably the best answer is a social worker as part of the G.P.'s team. The group practice or health centre is the natural pick-up point for problems but most patients are reluctant to "bother the doctor" with non-clinical problems.

Appointments of Speakers

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Discussion

MR. KLEIN: I've been looking into complaints about general practice. There are remarkably few formal complaints, though about several hundred times as many grumbles come into the executive council offices. When one asks the executive council clerks what the complaints and grumbles are about, it's clear that remarkably few of them concern clinical matters; they're overwhelmingly about organization, such as access to the doctor or deputizing services. In other words, unfortunately in my view, the consumer is in no way able to make judgements about the clinical quality of the services he gets.

DR. PYKE: All this discussion really hinges on good manners—being punctual and accessible, and so on. This isn't a superficial matter. If a patient complains about being kept waiting a long time, or of a doctor being late or leaving without explanation this is a real complaint.

DR. SMITH: You can do the most awful things and then apologize and you'll be forgiven. If patients think you care about them they will put up willingly with what they see to be unavoidable inconvenience.

DR. PYKE: And rightly, because this is the essence of clinical medicine.

DR. SMITH: Yes, but most doctors explain why they are late or called away.

MR. KLEIN: From my point of view the manner isn't important, but the doctor's competence.

CHAIRMAN: Is there any link between manners and competence?

DR. PYKE: They're fairly well correlated in internal medicine and general practice, not perhaps so much in disciplines where technical expertise is all-important, such as surgery. But you can't be a good doctor unless you listen to patients.

DR. SMITH: Does attitude really matter so much? If I have a woman with carcinoma of the stomach I choose the surgeon for his competence, not his manners. I can explain what is to be done and answer all the patient's questions. That is one of the general practitioner's skills.

DR. PYKE: But these specialists are involved outside the actual operation—in deciding whether to operate, how to handle the follow-up, and so on.

CHAIRMAN: What about actual complaints in the hospital service?