Thoughts from the other side of the sheets

David Allen

After an "ischaemic event" I had the unexpected pleasure of being looked after, firstly, by the ambulance service, secondly, in an accident and emergency department, thirdly, in a cardiac unit, and, finally, in a general medical ward. As I was being paid while I was in hospital and I had plenty of time, and as I am supposed to be doing research on the quality of health care I had an opportunity to do an—albeit non-scientific—in depth study of the NHS. What did I conclude?

On what criteria, besides the medical one of restoring the patient to health, should my stay in hospital be evaluated? There seem to be several dimensions—for example, feeling as well as you can under the circumstances, which are affected by the physical surroundings, the relationships with the staff and other patients, the personal as opposed to the medical care, and the food, etc. Then there is the use of patient's time and the use of resources.

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Firstly, the physical surroundings. The outside of the ward was frightening: it would have done justice to a prisoner of war camp, with paint peeling off the blackened wood huts, planks missing, and cracks open. The contrast with the bright, well painted interior could not have been greater. The only blemish in an otherwise well decorated ward was the dilapidated chairs. The management obviously finds it hard to decide the balance between inside and outside maintenance.

Consultants are too efficient; they are treated like gods with the television turned down and sister all of a flutter before their arrival. Being in hospital is, I imagine, rather like being on convoy protection duty. Most of the time you lie there idle, then just as you are going off to sleep in sails the consultant with a few fast questions, to which you give some weak answers. You recover and have the answers you wanted to give only when the consultant has moved on to the next patient and you have lost your chance. Then you have to ask the consultant's representative on earth, the nurse, what he said. Nurses are, of course, angels, albeit earthly ones. Most of the time they are pleasant and efficient. Some, however, may concentrate too much on their own lives and personal and group relations and neglect their relationship with patients. They may also be too task oriented and not sufficiently flexible, concentrating on the task in hand—for example, leaving a patient in the middle of the ward while an empty bed is moved.

Needless to say, not all patients are angels, which given the reasons we come into hospital is not surprising. Patients are often confused about what they are supposed to do, particularly the practical activities like using the bottle. Perhaps they need written advice about what to do in hospital, what they may expect, and what is expected of them. Staff should treat patients with respect and dignity and not shout very personal questions at patients across the ward. For their part patients should treat the staff with consideration.

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Secondly, the use of the patient's time. Being a patient is like being processed, with little control over how you spend your time. "They've got you"; you feel imprisoned. It may be difficult to get into hospital: it may be even more difficult to get out. Imagine playing a board game where you only get one throw a day, and if you miss your turn you have to wait a day to move on. The senior house officer sees you one day, the consultant the next; the consultant orders an exercise test, but it's Saturday, so you miss a day. Monday comes and the staff who do the exercise test do not know about yours—so you have the test late and have to wait till the next day for the consultant to examine the results. They're okay (thank goodness) but—and here's a new one—I'm not his patient (that's funny, I thought I was). So I have to wait for the general physician to discharge me. Next day I explain to the general medical senior house officer what the cardiologist said: fine and goodbye.

There ought to be a patient based flow chart: this would help doctors, nurses, and other staff, as well as the patient, who is kept largely in ignorance of what is happening and so worries, often unnecessarily. The flow chart should show progress and, most importantly, the next step in the patient's care and who is responsible for it. I'm puzzled, too, why I can't be the cardiologist's patient. I realise the medicolegal implications of the question, but the system is a historical nonsense. There were no medical aspects of the care that the cardiologist did not handle and if there were the general physician could have delegated responsibility for my discharge to the cardiologist. Surely this would have been a sensible move, given the pressure on beds. The occupancy rate was about 110%, patients were waiting in the day room for a bed, and patients were being discharged into the day room so the beds could be used.

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Thirdly, we come to the use of resources. Each day the question should be asked, how does the presence of the patient in hospital benefit his care? Unless this is done nursing care and hotel costs are wasted. Furthermore, some patients' time is as valuable as the doctors' time. Inevitably, the hospital regimen is geared towards hospital staff, but perhaps too little notice is taken of patients' interests. I believe that hospitals must develop ways of getting feedback from patients about their care. Why not experiment with evaluation forms similar to those used in hotels?

I was particularly struck by the high proportion of patients who were regulars. No one would argue that a citizen should get only one go in hospital and if you have been treated once you cannot be treated again. Such a restriction would be callous, immoral, and ridiculous, and in any case would ignore the benefits that medicine can achieve. Even so, these regular patients prompted me to wonder whether medicine is not trying too hard to minimise death instead of maximising health?

Hospitals are busy complex institutions whose staff are usually under pressure, and my criticisms are intended to be helpful. On the plus side I was impressed by the good humour and resilience of the patients, who were, like me, grateful for the care they received. That is an asset that hospitals should nurture.

Let me make a final plea for an increase in resources for communication. I was given no instructions by the hospital and when I visited my general practitioner he had not received a discharge letter so he had to be briefed by me and make a tentative diagnosis. That is not quite my interpretation of continuity of care—one of the supposed strengths of Britain's health service.

David Allen is a senior lecturer in health services management from Manchester