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The Unpleasant Reality

The first report from the Hospital Advisory Service, issued last week,¹ points the familiar contrast once again of devoted doctors and nurses trying to look after patients in impossible circumstances. Teams visited hospitals for the mentally handicapped and found them "grossly overcrowded; fifty or more patients on wards intended for forty is a common finding." They visited hospitals for the mentally ill and saw they were "frequently so designed that modern therapeutic policies are frustrated." And they visited hospitals for the geriatric and chronic sick, and report that "it is sometimes necessary for nurses to move one bed before they can give attention to the occupant of another."

These conditions are remarkably like what Florence Nightingale found when she reached Scutari. Being an energetic young woman of high intelligence and good social connexions she quickly brought both these advantages to bear on the Government in London. But at the same time she personally washed wounded soldiers, scrubbed tables, boiled water, and burnt maggotty dressings. It is no criticism of the excellent work the Hospital Advisory Service has undertaken during its first year to question whether it has achieved as much as Florence Nightingale would have done in half the time. But the facts are already largely known. The trouble is that the community through the successive Governments that have represented it, and the great majority of individuals generally, turn away from the unpleasant reality, hoping that someone else will remedy it—at no extra cost. It is all too easy to imagine that the appointment of a commissioner, the provision of an advisory service, the devising of a new administration are an adequate substitute for the human will to get things done. Only when something goes seriously wrong, and a hospital burns down or a patient is maltreated, does the public rise from its torpor expecting some simple cure for a malady that it has long allowed to run deep.

Nor is it only public indifference that is to blame for the neglect accorded to old and incontinent patients and the mentally handicapped. The medical profession likewise shows too little concern for the unfashionable specialties. The director of the Hospital Advisory Service says he has heard comments from senior staff to the effect that the services for the elderly should take second place, that the needs of the chronic sick are far less important than the needs of the acute patient, and that less money and effort need be spent on this part of the service.

That these words ring true is a reflection of the lowly

status geriatricians must too often accept among their professional colleagues. And if the doctors are treated as second-class citizens how can the nurses working with them find the pride in their craft that will give them the zest they need to practise it? Professional relationships between doctors, nurses, social workers, and all who care for the sick must obviously be based on mutual respect or "the acceptance of parity of esteem" as the report puts it in the dreadful jargon of our day. Yet respect cannot thrive when people are made to feel inferior.

Though some of the largest mental hospitals have been closed in recent years² more deserve to go. Size in itself is well known to be detrimental to morale, and the present report is unfortunately making no new discovery in saying that "the size of a hospital catchment area, a hospital or an individual ward are significant determinants of the human relationships to be found." Despite man's gregarious propensities he likes to feel snug and to enjoy some privacy. Is this too great an expense to allow the old and mentally infirm? The relatives too should be able to visit them easily and not be impeded by having to travel to remote places, as the report finds that they are sometimes having to do.

The disastrous situation at Farleigh Hospital recently reported upon³ and discussed in these columns⁴ was largely the result of keeping patients in conditions that the present report of the Hospital Advisory Service shows to be common. Making administrative changes like those advocated in the "Cogwheel" and Salmon reports (commended in the Hospital Advisory Service's report but increasingly being questioned) will touch only the surface of the problem. "Failure in communication is very common at all levels in the Health Service," we are told. But it always has been and always will be, just as it is in commerce, industry, the armed Forces, and almost everywhere except perhaps in Fleet Street. What is notable is that from patients and their relatives the director of the Hospital Advisory Service received very few complaints about staff. The majority of letters praised the work and attitude of ward staff "but are frequently critical of facilities." Here much more radical improvements must be made if we are finally to banish the Scutari image from our hospitals for the old and the mentally infirm.

¹ National Health Service Hospital Advisory Service, *Annual Report for 1969-70*. London, H.M.S.O., 1971 (27½p net).

² *British Medical Journal*, 1971, 2, 62.

³ Committee of Inquiry, *Report of the Farleigh Hospital*, Cmnd. 4557. London, H.M.S.O., 1971.

⁴ *British Medical Journal*, 1971, 2, 119.