

GENERAL PRACTITIONERS AND HOSPITALS

T. B. McMURRAY, M.CH.ORTH. (L'POOL), F.R.C.S. (EDIN.)

Cape Town

In recent years in South Africa the position of the general practitioner in hospitals has given cause for concern. There are some who believe that the Provincial Councils would prefer their hospitals to be staffed by full-time officers over whom they have control, rather than use the part-time services of local general practitioners over whose independence they have little say. It would be wrong to think that those in authority are to blame for the present position; nor is it clear that the general practitioners themselves are entirely at fault; rather, the whole question is one of development and a passing from an outmoded system to a new one.

In the past, the hospitals of South Africa, or most of them, were staffed entirely by general practitioners. Some had consultants on their staff who appeared when called but, in most of them, the work, both surgical and medical, was carried on by the local practitioners.

With the increasing number of specialists in the Union, the composition of the staffs of hospitals has altered, so that now, in many cases, the hospitals in the larger towns have full specialist complements, and it is in these hospitals that difficulties have arisen. On the other hand, in the outlying hospitals in smaller towns, general practitioners still carry on doing their sound and useful work as they have done in the past.

The authorities have recently complained that the general practitioners attached to hospitals that have full specialist staffs are failing to do their duty, and this unsatisfactory position can, in their opinion, only be remedied by the employment of full-time house officers of the higher grade to carry out the ordinary routine work of the hospitals.

Before examining the deficiencies in the present system it would

be wise to consider whether general practitioners are necessary in a hospital and whether their employment is desirable.

Is Hospital Service good for the General Practitioner?

The answer to this question is in the affirmative. Once the general practitioner is completely devoid of hospital contact, he is to a great extent deprived of contact with his colleagues. He comes to be more and more a dispenser of pills and a diagnostician and sorter for the various specialists whom he may employ; while he may continue to treat the minor illnesses, he will often be unable to follow up more serious conditions which he encounters, and eventually lose interest in the results of treatment and advances in medicine. In fact, the less he reads the journals (and this becomes increasingly difficult as the years go on) the more the medicine he will have at his fingertips will be restricted to what he was taught at his medical school and during his internship. His work may become a liability to medicine as a whole since it will be dated, and his interest in medicine will flag for lack of the constant stimulus of intellectual contact with his colleagues.

Is the Employment of General Practitioners good for Hospitals?

The answer here is again in the affirmative. The general practitioner has been called the backbone of medicine; his contact with the family of his patients and with the whole range of medical practice makes his voice in the hospital conservative and sagacious. He, and he alone, is in constant contact with the social conditions and the social problems of the patients and their families, and his help in the difficult decision what to do with the patient once treatment is completed, or whether convalescence is necessary, may, because of its humanitarian and practical slant, help in no small way in the subsequent wise disposal of patients.

Surely, it would be a loss to hospitals if the general practitioner had no contact with them. They would tend to become stereotyped efficient functioning automatons without interest in the patient's future or welfare,—a matter which is really the affair of the general practitioner!

Is the Presence of the General Practitioner in Hospitals good for Medicine?

This is the crucial question and a matter of very great importance. The integration of all medical practitioners as one band, interested and concerned with the future of the patient and his health and cure, can only take place in the environment of a hospital. The specialist and consultant have a lot to learn from the general practitioner about the management and the post-hospital care of the patient, particularly on the social side, while on the other hand the general practitioner can learn much from the specialist who is treating the case. The only sphere in which these two can meet is the hospital, and the hospital's efficiency, its popularity, and the respect in which it is held by the public, depends upon its service to that public. This service can only be complete when the consultant and the general practitioner combine in one organization to help restore the patient to his rightful health. The presence of general practitioners on the staff of hospitals enhances public opinion of the hospital service; it increases its prestige and the confidence with which it is regarded. The hospital does not depend upon its administration, its buildings or its equipment for public esteem, but upon the service of its doctors and nurses.

THE PRESENT UNSATISFACTORY POSITION

It has come to the notice of the authorities that general practitioners serving in hospitals which have full specialist staffs have not been attending as regularly as they might. This is naturally ascribed by the authorities to lack of interest, but a closer examination may show that that is not the reason.

The Faults of the Present System

1. In contradistinction to the general practitioner in outlying hospitals, those in hospitals having full specialist service are only required to interview cases when they come to the casualty department, and in this way they merely act as sorting officers. The majority of cases are then handed on to specialists for treatment and decision.

2. They are constantly at loggerheads with the housemen. Either the houseman resents the interference of the local general practitioner in making decisions for him when and why to call a specialist, or the houseman seeks to prove that he is hampered in his work by the presence of the general practitioner; particularly he may feel that his initiative is hampered. In this way both the nursing and houseman staff in some hospitals have come to regard the general practitioner as a drag on the system and a hindrance rather than a help. At the same time, the practitioners regard their hospital service as of very doubtful value, since all they do is to see cases at an out-patient or casualty department where decisions have already been made by the houseman or higher-grade what to do with the patient.

Because of these two factors, there has apparently been a falling off in the attendance of general practitioners, and this has led to dissatisfaction on the part of the superintendents and to their reliance more and more upon the full-time staff. It has been suggested in some quarters that the presence of the general practitioners is redundant and that the hospitals could be run perfectly well with housemen, higher-grades and the specialist staff.

Is there a place for the General Practitioner?

It is evident then that the position of the general practitioner is deteriorating under the present system. Can a place be found for him where he may be integrated in the hospital which has full specialist services, safeguarding his interests and those of the hospital?

In the United States this problem has to some extent been solved. In the City of New York 16,000 out of a total of 25,000 general practitioners hold hospital appointments. In those hospitals, the work is divided into a general surgical service, a medical service, a gynaecological service, etc. General practitioners who have an interest in any particular branch of medicine may, by application, attach themselves to such a service. Their time of attendance might be limited to say a half-day a week, or a half-day a fortnight, but their help would be welcomed at those times and they would have an opportunity of attending either the operating or the out-patient sessions, where they would naturally take part in whatever was in progress and would be responsible for a certain amount of the work. They would at the same time have an opportunity of meeting their colleagues who work in a consultant capacity, which would be most stimulating for them and for their colleagues. It will do no good to offer the general practitioner the same sort of work in a hospital as he is doing outside. The work in the hospital must be more stimulating and interesting if he is going to be keen to attend.

This plan could be easily worked out for hospitals in the Union and might be the answer to the position of the general practitioner in hospital.

The position is becoming desperate and, unless something is done, the general practitioner will be deprived of his right to enter hospitals. This has already happened at the teaching hospitals, and gradually his position in the other hospitals that have specialist services is being undermined. It will require cooperation between him and the authorities to clear up the present state of affairs, and the above scheme offers a possible alternative solution.