CONSULTANT AND SPECIALIST REGISTER

By a Rural G.P.

Having greatly enjoyed two items in the *Journal* of 10 March, I am constrained to put some of my 'random thoughts' on paper.

I refer to Dr. James Black's 'Consultant and Specialist Register'[1] and Dr. Deal's Presidential Address,[2] the latter of which I had hoped to hear in person but was deprived of the privilege by the exigencies of general practice. I consider them both to be of a type of which it is impossible to have too many and which has much more appeal and usefulness than many of the erudite pieces to which we are treated.

I would permit myself one criticism of Dr. Black's article, and that is that his particular speciality is rather in a class by itself and some of his arguments are therefore only valid in connection with that particular speciality.

A pregnant woman desiring specialist treatment must needs go to a specialist obstetrician and the guiding hand of the G.P. is not so necessary as it may be when a patient is suffering from some disease. In the latter case the patient may not know whether it is his heart, his lungs, his kidneys or even his cerebral cortex which is at fault. This patient *must* have the guidance of his family doctor in his choice of specialist; and I hold no brief for the doctor who implies that he is 'just as good as a specialist' when a second opinion is requested or even hinted at.

As a semi-rural G.P. in a 'dormitory' area I would prefer, even after 25 years of general practice experience, that all the midwifery went to the specialist, that is provided I am kept in the picture.

I take this attitude because of the comparatively few cases which come under my care nowadays and the resultant lack of

practice. I have over a thousand babies to my credit and I have not yet lost a mother, but I realize that sooner or later I shall come up against a complication which once I should have recognized and been capable of coping with, but because of the comparative infrequency of midwifery in my present practice I may now find beyond my capabilities.

RECENT EXPERIENCE

To revert to my remark about being 'kept in the picture', a recent experience will illustrate my point. I have a household in my practice where the doctor-patient relationship is *almost* ideal; until recently, I should have left out the qualification.

There are 3 children in the family and another was desired. Some 18 months ago Mrs. X told me that for 2 years she had been disappointed at her failure to become pregnant. The situation was discussed and I tendered certain advice. Some 6 months later I was attending one of the children, when Mrs. X casually informed me that she had an appointment that day with a specialist obstetrician and that as he had attended her with her previous confinements (before my time) she would like him to attend her again. Good! I thoroughly approved and said so, but I was very disappointed when I heard nothing from the specialist as to her progress, except when I met him casually and asked him, knowing that she had recently been to see him. There was, therefore, no excuse for his ignoring the fact that I was involved. Subsequently, though I was not attending at the house at the time, I knew that she was overdue, but it was only at a chance meeting with the specialist over another case that I learned that all was well and that Mrs. X had achieved her ambition in that she had given birth to a boy 3 days before.

That was not the end of the story, Mrs. X was advised to consult a Sister Y who specializes in infant management, this for a perfectly normal child. I do consider myself capable of managing the feeding etc. of the normal infant, especially with my intimate knowledge of the home and the mother. The inevitable conflict has now arisen and I have to tender my advice with a certain amount of trepidation as I am up against the authority of another person who has the advantage of having been recommended by a specialist.

So much for the obstetric specialist, who is, to my mind, in the ideal position to bring the family doctor into the picture and to emphasize his value to the patient. It must be remembered that in the above case it will be the baby who will suffer unless I can use my privileged position as *family* doctor to avoid the results of 'too many cooks'.

CHOICE OF SPECIALIST

When we come to consider the other specialties, there are in these days so many subdivisions that it has become even more necessary for the G.P. to direct the patient to the correct specialist for his peculiar problem. Not the last justification for the intervention of the G.P. is that he should be able to assist the patient in the avoidance of unnecessary expense. It is so easy to get on the 'roundabout', as it is often referred to by the lay public, and to be sent from one specialist to another, when the knowledgeable family doctor could easily indicate the short cut to the correct specialist.

The use of the word 'roundabout' in this connection by the lay public is surely a token of the regrettable suspicion with which they tend to view some of the efforts of the medical profession and its somewhat reprehensible lack of consideration for the ability of the patient to pay for his ride. It is so easy to say, 'I think we should have Dr. So-and-So's opinion', without considering that this will cost the patient another 3-5 guineas, hard-earned guineas at that. I think it fair to say that the family doctor is much more likely to consider this aspect, of which the tendency of the specialist to prescribe expensive proprietary medicines is another feature. This is well illustrated by the following example.

About a year ago Mr Y, a bricklayer, came to consult me when he was suffering from auricular fibrillation. Rest and Tab. Digit. Fol. soon brought the condition under control. A fortnight ago he came to see me again with the same condition; unfortunately he was short of time, I was a little late arriving at my rooms, and he went off intending to come again. Before he could do so a friend advised him to go directly to a specialist physician and even made the appointment for him to do so. He paid a fee of 5 guineas plus the cost of an ECG—the latter hardly necessary, at least in the acute stage of an easily recognizable condition, and he came away with a prescription for an expensive proprietory drug and instructions to consult a doctor as, using this drug, he would need constant supervision. He came back to me and it was obviously difficult for me to suggest the use of my original prescription when he had already spent a couple of pounds on his initial supply of the new drug. I put him to bed and visited him twice; on the third occasion he had gone to work, as his wife remarked, 'to get something in his pay-packet to pay the specialist with'. End result—an expenditure of 10 guineas when 3 would have achieved the same result.

It is experiences such as these which make the G.P. rather sceptical of the attitude of the 'specialists' and they prefer the 'consultant'.

There is another thing which is of importance, other things being equal: i.e. the personal factor, which is surely one of the fundamentals of the Art of Medicine, that is if it is to remain an art. It therefore devolves on the family doctor to advise his patient to go to the specialist whose personality is most likely to be compatible with that of the patient, so that a further link may be forged in the patient's faith in the profession.

CONCLUSION

To conclude these somewhat rambling thoughts engendered by the articles mentioned, there are two other points which cause me some concern—no, there are three points:

(*a*) The apparent callousness with which some present-day anaesthetists treat their patients. They seem to forget that the patient is a human being with human fears and failings and that at this time more than any other the patient feels helpless and alone and should therefore be treated as something more than an appendage at the end of the anaesthetist's tubes and needles. A little more bedside and tableside manner would be appreciated. I know one anaesthetist who will never again anaesthetize one of my patients if I can help it because of the way he treated my patient during an operation recently at which I happened to be present.

(*b*) The excessive use of blood transfusions. It appears to be the fashion to give blood on the slightest indication and often in quite unnecessary quantity. How often at the end of an operation has one heard the remark, 'The blood is here we might as well use it'. Is it forgotten that that pint of blood is a free gift on the part of the donor, who is surely entitled to feel that the blood he has given so generously is not wasted and that the gift he has expressly given to a fellow creature in need is not abused.

(*c*) I am horrified at the frequency with which women are 'spayed' on the slightest provocation. It seems to me an abuse and prostitution of the standards achieved by modern surgery that this operation should so often be performed without reference to the future of the patient. I know too many homes which have been broken up because of personality changes in the wife after such operations—so many of them for non-medical reasons—where the doctor's duty should be education and not evisceration.

1. Black, J. (1956): S. A. Med. J. **30,** 244.
2. Dale, E. W. S. (1956): S. A. Med. J. **30,** 247.