NO DOCTOR IN THE HOUSE *

A PEEP INTO THE NEAR FUTURE

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While travelling to the special session of Federal Council last February, I met a grand, elderly American couple in the lounge coach of the Trans-Karroo Express. Our conversation soon veered to medical matters, when the gracious old lady lamented the fact that 'way back home in the USA' it was no longer possible to get a doctor to visit one at home, and the elderly folks in particular found this a tremendous hardship. Certainly you could have medical attention by visiting your doctor's office, or if you were really ill by attending the clinic, or being admitted to hospital, but house-visiting—'that just happened no more'.

I have often wondered what medical practice would be like without the family doctor and his house visits: the young mother with her baby's first illness; the middle-aged father recently recovered from coronary thrombosis; granny with her crippling arthritis—nobody to advise and help them; the hospital or clinic a long way off and a still longer wait in the queue before being seen by a tired, over-worked doctor, with no knowledge of their background, home life, household difficulties, or indeed their needs.

A little kind advice, reassurance, 'there's really nothing to worry about', a short explanation of precisely why it is necessary to stay in bed for several weeks after that heart attack, a spot of encouragement to the elder son learning to walk again after losing his leg in that motor-cycle crash, or, most important of all, the friendly hand at the end of life's journey and the consoling of the bereaved—what would life be like without these services the family doctor gives?

Yet how far away, or rather how near, are we to this state of affairs in our own land?

With a ratio of one doctor per 2,000 souls, our gross population of 17,474,000 (the estimated figure at the end of year 1964) needs every one of the 8,000 and more doctors on the Register. The estimated gross population increase for last year, of 417,000, will need most of the medical graduates of last year, with no allowances for those who retire, die or leave for overseas, never to return.

While the total number of doctors available to serve the population is rapidly decreasing in relation to its numbers, the ratio of the family doctors is decreasing at an even more alarming rate. In Klerksdorp, for example, there are at present 29 specialists and only 13 general practitioners—'two to one on' in racing parlance. Add 12 more from nearby Stilfontein and Orkney and the ratio is still below equality. Take the surrounding towns, and the ratio falls to the average of 1 in 4 for the country. But, even now, several of their number hope to 'specialize', so that their number becomes steadily less, while the population increases progressively.

Already patients are finding it increasingly difficult to get the doctor to cross the doorstep, judging by the many pleading phone calls one receives.

A stronger warning of what is coming is the insistence of many practitioners that non-urgent cases are seen by appointment only.

Yet with the complexities of modern investigation, diagnosis and treatment, the general practitioner is even more necessary than ever before. He sees man as a whole and not as a series of systems or organs, and is best placed to advise the patient on what can be done to help him, whether he should or should not consult a specialist and, if so, which specialist to see, and having seen him, how to carry out the treatment prescribed. The vast number of ailments, especially in a growing young family, can readily be treated by the family doctor without the help of the specialist.

What makes general practitioners give up their work to specialize or enter full-time employment in hospitals, the army and similar positions? Indeed, what makes many never try general practice at all? The following reasons certainly play their part:

1. The most important single factor is the extremely long hours worked for a modest income. In fact, the modern general practitioner has to see more and more patients to maintain the same relative income. This applies especially to those whose income is derived largely from the panel; they seldom work less than 70 hours a week.

2. The lack of opportunity to examine and treat cases properly. Diagnosis becomes a case of 'spotting' while history-taking is a lost art. As soon as the general practitioner does get something 'interesting' he has to refer it to the specialist—in fact he often degenerates into little more than a clearing agent for specialists.

3. The tragic loss of status of the family doctor, especially in the large towns. He no longer enjoys the dignity and status he once shared with the magistrate or the minister. He faces a complete lack of courtesy and respect—indeed he is often subjected to bullying and threatening by his panel patients, with the 'if you don't send me to a specialist, I will change my panel to someone else who will' attitude.

4. The master-servant attitude of his lay employers, particularly, from the committee members and the managers of the benefit societies. In our own area this has been a particularly prominent feature.

A doctor employed by a mine and factory or corporation is often forced to obey the dictates of his employer to give him his loyalty (whence comes his daily bread), for whatever he can do for his patient, he can never allow this to conflict with the interests of his employers. In fact he serves in an atmosphere of mild, but nevertheless ruthless blackmail. Indeed the Good Book says: 'No man can serve two masters.'

The attitude that because a man in the high-income group can join a Buy-Aid or similar purchasing body to acquire his groceries at a cut price there is no reason why he should not belong to a medical benefit society to enjoy the attention of his doctor at a sub-economic fee, shows how clearly and how tragically the status of the general practitioner has fallen, and worse still, how little his efforts are appreciated. Little wonder, few wish to remain panel medical officers.

What services to the public will replace the house visits of the family doctor?

The extended use of the outpatient department or clinics will follow, leading to still longer waiting before being seen and treated. This brings in its train longer hours away from work and a falling off in efficiency. Some years ago the *British Medical Journal* drew attention to a leading Labour Party member (then in the Opposition) having to receive treatment from a 'private doctor'. As a faithful socialist he should have taken his place in the queue at the local hospital, but neither he nor his party could afford the time wasted in the waiting room, so he saw the 'private doctor'. The Editor wondered at what level of the Labour hierarchy it became necessary for a socialist to justify the services of a private doctor.

Senior executives, with their public responsibilities, be they cabinet ministers, technical advisers or heads of business organizations, will always need the services of a private doctor, to avoid wasting time in clinics and surgeries, since their time is too important to the country to be lost. But how are these 'private' doctors to be remunerated? Certainly not at medical aid rates.

Last month we had a poignant reminder of an important personage and his family doctor—I refer to the late Sir Winston Churchill and his medical adviser—Lord Moran. During a considerable part of World War II, Dr. Horace Wilson, as he then was, had the extremely important task of keeping Sir Winston alive. I recall that when the legendary man lay critically ill in North Africa for several weeks, it was largely through the devoted care of his private doctor that he survived; what followed is world history.

Despite the completely 'free' medical attention for the 'dustman to duke from the cradle to the grave', in Britain, over 2,000,000 persons have taken out some form or other of

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medical 'insurance' which will entitle them to private treatment. Doubtless many more pay to see their own doctor privately.

The other alternative in vogue with some of the bigger motor companies in the USA, is to have their own hospital, adequately staffed, with specialists of every type.

When foreman Joe collapses at work with his coronary, in a few seconds the company's ambulance (not the doctor) arrives and ships him off to hospital where the physician sees and treats him. When little Johnny can't swallow because of his painful tonsils, the ambulance once again arrives and takes him off to hospital away from the mother he loves, to the strange, glassed cubicle of the paediatric ward. Mother's anxiety is increased not only by the enforced separation, but also by the fear that because her child is ill enough to be admitted to hospital 'there really must be something wrong with him!'

Who knows perhaps some of our major industries like the gold mines or Iscor may resort to something similar in the none too distant future?

Savill held that more reputations founder on the Rock 'prognosis' than any other, but despite this, I will prophesy that in many of our large towns the day is fast approaching, (possibly within the decade) that when little Tommy suddenly starts having his first bout of fits his mother may phone and implore,

she may fume, she may cry, she may scream,
but never a doctor will she see,
for there will be
no doctor in the house!