The grass isn't always greener

How refreshing it was to read Bryson's article which reminded us of the ethical foundations of the NHS and of what it achieves with comparatively modest expenditure.

The debates which preceded President Obama's reforms of American healthcare were often ill-informed and frequently ugly. Senator Grassley's statement, which Bryson quotes, was typical. I was in Washington DC in 2009, one month after Professor Stephen Hawking had received the Presidential Medal of Freedom. During a TV discussion, one contributor stated, in all seriousness, that 'if Stephen Hawking lived in England and had to rely on British socialized medicine, he would not be alive today'.

Hugh Seeley

2 Salisbury House, Somerset Road,
London SW19 5HY, UK
Email: hseeley@doctors.org.uk

Competing interests
None declared

References

1 Bryson D. The grass isn't always greener. *J R Soc Med* 2012;**105**:88–89
2 Leatherman S, Berwick DM. The NHS through American eyes. *BMJ* 2000;**321**:1545–1546
3 Ali AM. What is the objective of personal healthcare budgets? *BMJ* 2012;**344**:31

DOI: 10.1258/jrsm.2012.120143

Applause

The authors may not know it, but something akin to Schwartz Rounds were first established in the paediatric department of London's Royal Brompton Hospital in the mid-1980's.[1] They were called 'staff support groups' and very often focused on one particular patient. I was invited by Consultant Paediatrician, John Warner, to research and find ways to remedy the stresses involved in caring for sick children and their parents.

There was a lot of anger about, and it soon became clear that this was masking much unresolved grief. Staff were naturally bereaved when young patients died (of cystic fibrosis or heart disease) sometimes abruptly, such as during surgery, but they also lost something when patients they had got to know well finally recovered and went home. I remember vividly some nurses at an early meeting saying they were not allowed to cry on the ward. 'What do you do?' I asked. One cried in the sluice room and another on the bus going home. A third waited until she was with her boyfriend; but, they all cried.

Although I was unable to formulate the research, and therefore did not publish results, I could write much more, descriptively, about the healing effects and other positive outcomes of these sessions, which were fully supported at the time by the Senior Nurse Tutor and Senior Social Worker. I learned a great deal too; and have gone on to write not only about self-care and compassion, as do these authors, but also about the wisdom of greater recognition of the spiritual dimension in health care generally, mental health care too, also in education and other important arenas of human endeavour.[2,3]

I therefore applaud the work reported, and advocate the widest possible introduction of Schwartz rounds in places of healing, including GP Surgeries, community mental health centres, and (why not?) social services departments. There are untold riches to be gained. As I wrote elsewhere (using a pen-name), illustrating the text in places with stories from the Brompton groups, emotional healing usually leads to personal growth, and does so in a way that is of benefit not only to the person concerned, but to all.[4]

Larry Culliford

Psychiatrist and Author, The Royal College of Psychiatrists,
London SW1X 8PG, UK
Email: auud26@dsl.pipex.com

Competing interests
None declared

References

1 Pepper JR, Jaggar SI, *et al*. Schwarz Rounds: reviving compassion in modern healthcare. *J R Soc Med* 2012;**105**:94–95
2 Culliford L. Teaching spirituality and health care to third-year medical students. *Cl Teacher* 2009;**6**:22–27
3 Culliford L. *The Psychology of Spirituality*. 2011. London & Philadelphia: Jessica Kingsley Publishers
4 Whiteside P. *Happiness: The Thirty Day Guide*. 2001. London: Rider Books

DOI: 10.1258/jrsm.2012.12k037

Communication skills & overseas medical graduates

Formal communication skills teaching and training has been a feature of undergraduate medical education now for over two decades and, for postgraduate training, for over a decade in the UK, North America and Australasia. However, as the authors point out, it is generally not a core component of medical education elsewhere in the world. Quite apart from the idealistic aim of providing a better service to patients, there is also a financial imperative for organizations employing or indemnifying medical practitioners to ensure high-level communication skills, given that a large proportion of patient complains are at least in part attributable to issues of failed communication early on in the process.

Either one believes (as I do and the GMC purports to do) that formally-taught modules are an important part of developing doctors' and medical students' communications skills (in which case there has to be some kind of remedial training established for overseas doctors graduating from medical schools or postgraduate specialty training programmes where this was not the case), or one has to believe that communication skills training is a modern 'educationalists fad' and that actually learning 'on the job' through interacting with patients and colleagues is the only worthwhile way forward.

If one believes the former (as I do and the GMC purports to do), then the present situation exposes foreign medical graduates to an unnecessarily high risk of stress, litigation and disciplinary action, at least during initial phase of their working careers in the UK. If one doesn't believe it (as these non-UK medical schools presumably feel) then it has to be assumed that UK medical graduates are missing out on invaluable elements of education in human disease that have been displaced from the UK curriculum through greater focus on 'soft skills'.

Richard Quinton

Consultant & Senior Lecturer in Endocrinology, Royal Victoria Infirmary Newcastle-upon-Tyne Hospitals & University, Newcastle NE1 4LP, UK
Email: richard.quinton@ncl.ac.uk

Competing interests
None declared

DOI: 10.1258/jrsm.2012.12k038