Personal Paper

One marching song

P R E SCRIBE

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The first notes of this song were written a few years ago when various groups were dissecting some well-known and some obscure situations in the lead-up to reorganisation of the National Health Service. Since then dozens, literally dozens, of reports, booklets, papers, and pamphlets have appeared. Now there is a new round of activity: we seem to have started it all over again. Ask for bread and you are likely to get a committee, a working party, a programme planning group, or a new hierarchy. Report writing has mushroomed. The labour involved is immense. Months and years go past, more reports appear but the conclusions are disappointingly similar.

In this situation a multipurpose omni-specialty framework should be helpful. It assumes, of course, that the attractions of perpetual discussion should be resisted and the promotion of protracted dialectic as a "stalling" tactic is a wicked and unworthy thought. Medical or lay secretaries and the assessors who cluster round committees and working parties may welcome some standard conclusions for presentation at the first meeting. Minor adaptations and judicious selection should make them polyvalent. Simply substitute the appropriate specialty reference for the words "so and so," "such and such," or "blank" as follows.

Report of a working party/programme planning group/study group/committee/subcommittee/teach-in/talk-in/discussion group or what have you on "blank."

1 The care of "so and so" patients presents important and challenging problems. There are indications that the number of "such and such" patients is likely to increase; certain demographic and social influences have altered the nature of the "blank" patients' needs and urgent attention is required to evolve the best means of providing for their care.

2 The "such and such" planning group/working party/subcommittee recognised at the outset that many professions are involved and while a multidisciplinary approach has been adopted, the views of patients, their relatives, and others have been fully considered. A list of those who have submitted evidence is attached.

3 Not only are the present facilities for "such and such" inadequate in quantity, they are often old and unsuitable. This tends to perpetuate an image of the past and represents the wrong environment for this type of work. Many units are badly located and are to some extent geographical and historical accidents. While the development of services in the present accommodation may have to be considered in the short term, the following recommendations press for more radical changes together with a flexible approach. This may take some time to implement, and a phased programme may be necessary. We believe, however, that our proposals are in the best interests of the "so and so" patients and of the community as a whole.

4 It must be admitted that data on the extent and nature of the needs of "such and such" in the community are incomplete but certain trends are apparent, and an important initial step concerns the ascertainment and assessment of the overall size of the problem. In

each area registers of "blank" are considered to be essential. These may be organised most appropriately by district executive groups with the advice of community medicine specialists or through general practitioners who may delegate this as a special role for their attached health visitors. We are, however, grateful for official statistics which are the most recently processed data on "such and such."

5 Early assessment is essential. Primary evaluation should be carried out by teams comprising, for example, a general practitioner, health visitor, district nurse, and social worker. More elaborate assessments may require the services of a consultant who should, when possible, visit the patient in his home. Adequate provision should be made for this. The potential contribution of other interests should not, of course, be overlooked and in this way community health councils, voluntary agencies, and others may have an important part to play.

6 We recognise that ascertainment and assessment of "blank" patients has already been carried out on these lines in some areas, and this is welcomed. We recommend, however, that, when appropriate, joint assessment units situated adjacent to a teaching or general hospital to allow access to a full range of diagnostic facilities and research potential should be established. New research findings and new ideas on the care of those suffering from "so and so" make it necessary to keep the size and function of the various facilities for diagnosis and treatment and their co-ordination with the work of local authorities continually under review.

7 The catchment areas of "such and such" hospitals require rationalisation, and there is a clear need for close association between the "blank" consultants and consultants in related medical fields. A specialist in "blank" medicine may be in administrative control, and a consultant in "so and so" would have contractual commitments to any unit which would be set up.

8 It is recognised that the number of consultants in "so and so" with responsibility for the "blank" services may require to be increased. An adequate number of trained supporting staff is also essential, and there must be a structured in-service training programme. Every effort should be made to ensure continuity of staffing, and the establishment of a career structure is particularly important.

9 The proper placement of "so and so" patients is of vital importance. It is considered that many of those now in hospital might be cared for suitably within the wider community. There are important areas of common interest with local authority social work services, and these require detailed discussion to ensure effective collaboration both at policy and executive levels. Active liaison with voluntary services is also considered to be important.

10 Units for "such and such" should work in close co-operation with all interested bodies and in particular with social workers. They should aim to become focal points for the "blank" services in the area by bringing workers in this field into regular contact with each other. There should be close liaison between hospitals and health centres where those concerned with primary care should be encouraged to take a special interest in "blank."

11 For inpatient services the appropriate nurse-patient ratios should be applied and training facilities geared to prospective needs. The exchange of nurses between "blank" and other specialties from time to time would be an advantage. The nurses in charge should have both "blank" and "blank" qualifications.

12 The special needs of the "so and so" patient will require detailed consideration and in general the upper limit of stay would probably be "blank" weeks. Minimum space standards should be laid down for the "so and so" accommodation to prevent overcrowding. Further points of detail which have an important bearing on day-to-day care have been reviewed by appropriate subgroups and are attached as an appendix.

13 The provision of day-hospital facilities and an active rehabilitation programme should be seriously considered, and in this connection the influence of the health centre in promoting modern concepts of ambulatory care will play an increasingly important role and must be taken fully into account.

14 There is an urgent need for more research into the problems of "blank" patients, and it is hoped that the facilities available in joint assessment units will encourage activities of this kind. Medical students both at undergraduate and postgraduate level require greater exposure to "so and so" in the course of their studies.

15 To implement these recommendations we recognise that a considerable expansion and change of emphasis of the "blank" services must be envisaged but we submit that our report provides a factual basis for further planning. We are unanimous that this must be given a high degree of priority. Health boards should be encouraged to consider the appointment of a senior officer to co-ordinate developments in "so and so" and to liaise with both the various professional interests involved and officers of the central department. The question of communication is of vital importance, and a team spirit should be engendered at all levels. There is also a pressing need for effective publicity for the "so and so" services in different areas. Effectively

projected, this would benefit both the professional workers and the users of "such and such" services in future. Publicity of this kind should be carefully handled in conjunction with public relations officers of local authorities and all other interested parties.

Postscript

It must be recognised that a sprinkling of peculiar phrases is a sure sign of being "with it." All reports should have a selection of these. Even if they mean little or nothing to the writer there is a chance that the reader will think they do. Examples include some reference to concepts such as "over-arching structures," "conceptualised overviews," "programme accountability," "eligibility determiners," "self-transferring networks," "out-reach activity mechanisms" with, of course, "managerial unification" and "participative planning" with recognition of "major secondary priorities" and what may be a euphemism for theft—"cross funding." Taken seriously, the opportunities for verbal issue fudging are almost infinite.

General Practice Observed

Clinical judgment and antibiotic use in general practice

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Summary

Illustrated booklets that contained standard physical but variable social and psychological information relating to 16 patients with sore throats were posted to 1000 general practitioners. The doctors were asked whether they would prescribe antibiotics in each of the cases presented. Replies were received from 634 doctors and it was found that the variations in social and psychological history provided had significantly affected the doctor's responses.

The complex skill of clinical judgment is the outcome of a set of processes equally applicable in nature, though not in relevance, to the different disciplines in medicine. These processes include the ability to identify the physical and non-physical (psychological, behavioural, and social) components of an illness and knowledge of the appropriate measures available for management of each component identified. Appropriate judgment implies the taking of an overall decision that takes into account both the physical and non-physical reasons for the consultation and reflects the possible risks and benefits of positive therapeutic as against passive action.

The prescribing of drugs is one important end-product of the process of clinical judgment and one that is causing concern, in terms of both quantity and quality, throughout the profession. Aside from attempts to improve the relevance and effectiveness of undergraduate and postgraduate education, the principal attempt at control at present is the crude and widely mistrusted system of cost audit in general practice.

Real improvement in the quality of prescribing requires a knowledge of the thinking behind decisions to prescribe, and this in turn requires a degree of dissection and quantification of the components of clinical judgment. Within general practice the recent emphasis on the way in which doctors construct diagnoses ("... in physical, psychological, and social terms"¹) has perhaps been at the expense of study of how the doctor uses the diagnoses he has made. This is in part because of, and also contributes to, the perpetuation of the view that clinical judgment in general practice is an art beyond even approximate scientific description and evaluation.

This paper attempts to demonstrate, firstly, the feasibility of designing studies capable of examining the components of clinical judgment in general practice—other studies have been described elsewhere²⁻³—and, secondly, that awareness of non-physical features in a consultation for physical illness (in this case the symptom of sore throat with the sign of localised redness) may influence in a measurable way the doctor's decision to prescribe a physical remedy (in this case an antibiotic).

Method

The throats of some 50 patients complaining of sore throat were photographed and 16 transparencies showing varying degrees of redness of the throat selected. These were reproduced on graphic

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