need the special support and encouragement of teaching centres.

There is something else implicit in what has been said and it needs to be stressed as it is one of the pillars of morale. This is the insistence on being not only ready to take responsibility for every patient who properly belongs in one's province but positively jealous to do so. For morale this liability should be an asset, and the sense of being totally responsible, of being the ultimate long-stop, is invigorating. One can take this even further—the way medical care is organized at present, at least in large urban areas, psychogeriatric services have a stronger claim than most to be actually as well as notionally responsible for all problems in a defined population, in that few old people go outside the area for treatment, few go to other general or teaching hospitals, and few seek private medical care; equally, few other practitioners seek to compete. In short, one is doctor to a community in a way in which not many others doctors, at least in cities, are. We are thus particularly well placed to be epidemiologists even as we are doing our clinical work. Certainly for my part, I have never before been in a professional setting where intellectual and emotional satisfaction go more closely hand in hand.

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Effects of Industrial Action by the Ambulance Service on Day Hospital Patients

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Summary

The results of loss of treatment were assessed in a group of 248 day hospital patients when industrial action interrupted the ambulance service for five weeks. Almost 10% of the patients failed to return for treatment and 39% of those who returned had deteriorated appreciably. The groups of patients who were most vulnerable were those most in need of physiotherapy and rehabilitation, and many extra admissions to the wards resulted from the loss of diagnostic and treatment facilities in the day hospitals.

Introduction

In October 1970 Teesside was one of the areas affected by industrial action by the manual workers' unions in support of a pay claim. During a period of five weeks ambulances carried only emergencies—dealing with accidents and urgent admissions to hospital. Outpatients and patients discharged from hospital were not carried, and patients due to attend the day hospital could receive treatment only if taken by relatives in cars or by taxi. There are three day hospitals in the Teesside area dealing with geriatric patients, where in addition to the usual physiotherapy and occupational therapy there are full diagnostic facilities. Biochemical and radiological investigations on a day basis without admission inevitably ceased when the ambulance

service stopped, and only a handful of the patients on treatment were able to attend, most of them being unable to attend for five weeks. When the ambulance service was restored and the patients reappeared an assessment was made of the effects of loss of day hospital treatment over this long period.

The assessment was carried out by the sisters in charge, physiotherapists, and medical staff, and there was little variation in opinion about the state of each patient. Only one basic opinion was given: was the patient unchanged or had there been deterioration?

Patients

Altogether 248 patients were attending the day hospitals, many with multiple problems, but several large diagnostic groups could be identified and the effects of loss of treatment in each group could be observed (see Table).

There was an immediate increase in short-term ward admission for investigations. The geriatric department had become accustomed to carrying out most of the radiological and biochemical investigations in the day hospitals on patients not ill enough to require inpatient treatment. For example, patients for gastrointestinal and renal tract x-ray examinations had to be admitted. Diabetics (usually investigated and stabilized in the day hospital) also had to be admitted.

Many of the patients attending for treatment had been discharged from the wards only partially rehabilitated to continue in the day hospital; others had been considered suitable for day hospital treatment without any period of inpatient care. Many of these patients were in need of considerable therapeutic help and some were in only the early stages of treatment. During the break several patients had to be admitted, some died, and contact was lost with others who failed to reappear. Subsequent inquiries about these missing patients disclosed several reasons

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Effects of Loss of Treatment in the 248 Patients

Diagnosis	No. in Group	No. who Returned	Unchanged	Deteriorated	Lost Contact	Needed Admission to Geriatric Ward	Died
Cerebral thrombosis	91	81	49	32	6	1	3
Arthritis	46	46	29	17	—	—	—
Chronic neurological disease ..	38	35	17	18	1	2	—
Cardiac failure and hypertension ..	18	15	12	3	—	3	—
Diabetes	13	11	8	3	1	1	—
Fractures and amputations	10	8	2	6	—	2	—
Haematological disease	5	5	5	—	—	—	—
Miscellaneous disorders	19	17	12	5	2	—	—
Patients brought by relatives' cars: ..	8	—	8	—	—	—	—
Cerebral thromboses	5	—	—	—	—	—	—
Arthritics	2	—	—	—	—	—	—
Myxoedema	1	—	—	—	—	—	—
Total	248	218	142	84	10	9	3

some of which were: not well enough to attend; admission to other hospitals; moved out of the district; and lack of desire to continue treatment.

Results

Cerebral Thrombosis.—The largest group, 91 patients with strokes, were at varying stages of rehabilitation, at varying rates of improvement, requiring differing degrees of "pushing" by the physiotherapists. After using day hospital facilities for years the tendency had been to discharge patients from the wards early, further progress depending on continued treatment, and this group suffered badly when the ambulance service stopped. Only 81 cases reappeared, and of these 32 had deteriorated, three had died, one had to be admitted, and contact was lost with six (see Table).

Arthritis.—Another large group suffered from rheumatoid or degenerative arthritis or both. This group had long been regarded as day hospital "long-stay" cases needing regular attendance to maintain their limited activity. Previous experience of discharging these patients from the day hospital had always been regretted when seen for follow-up three months later. It was expected that the majority would have deteriorated and, in fact, 17 out of 46 (37%) were worse without treatment. The period of five weeks' absence was presumably not long enough to allow more patients to deteriorate.

Chronic Neurological Disease.—This was a mixed group of quite severely disabled patients suffering from multiple sclerosis, Parkinson's disease, cervical spondylosis and other damage to the spinal cord, chorea, motor neurone diseases, and other disabilities of this type. Day hospital attendance had helped to retain maximum possible activity. The fact that more than half of these patients deteriorated could be attributed mainly to lack of treatment and not to progression of the disease.

Cardiac Cases.—These patients were suffering from the effects of ischaemic heart disease with congestive failure or from hypertensive heart disease. Treatment at the day hospital included supervision of drug therapy and diuresis and constant observation of the state of the patient. Many of the patients were social isolates or unreliable treatment cases who needed constant watching and encouragement to keep them well. Three of them needed urgent admission because their heart failure went out of control, and three others deteriorated.

Diabetics.—Newly-discovered diabetics who are not ill are usually stabilized in the day hospital. After the initial investigations and glucose tolerance tests the patients attend the day hospital in the early stages very frequently and are taught, if necessary, to give their own insulin on arrival, to cook their own meals in the kitchen, take tablets, and test their urine, being stabilized under active and realistic conditions. When the industrial action started there were 13 diabetics in the process of being stabilized. One patient had to be admitted and three were out of control when they finally returned. All the patients were elderly, with mature onset diabetes.

Fractures and Amputations.—These cases were of patients

with either fractured neck of the femur or mid-thigh amputations and they were in need of much physiotherapy. Only two of this group were not affected adversely, two had to be admitted, and the remaining six had deteriorated badly.

Haematological Cases.—The condition of the five patients under investigation and treatment for anaemia was unchanged and treatment continued when they reappeared.

Miscellaneous Cases.—There were 19 patients attending who had a wide variety of ailments—myxoedema, osteomalacia, prostatectomy problems, ulcerative colitis, varicose ulcers, gross obesity, chronic respiratory failure, and early dementia—and some were suffering from a mixture of frail old age and urgent social need. Two cases were lost and five had deteriorated, but 12 came to no harm.

Patients brought by Relatives in Cars.—Only eight patients were brought regularly for treatment by car. Five hemiplegics, two arthritics, and a case of myxoedema were all maintained or improved. A few very irregular attendances also occurred, two patients coming by taxi.

Conclusions

When the restricted service period started the ambulances continued for the first few days to bring cases urgently requiring treatment at the day hospitals. The sisters were able to make arrangements for certain essential treatments to continue at home through the local authority nursing service. There is a universal system of nurse attachment to family practices in Teesside, and this helped in the organization of continued drug therapy and injections and attention to catheters and dressings. The long list of baths normally carried out at the day hospital must have presented a problem. In spite of the help given in the patients' homes there was a high rate of deterioration (39%) in the patients.

More cases needed admission to the wards and contact was lost with more patients than usual in a five-week period of normal operation. Almost 10% of the total did not return after the break. This unhappy state of affairs showed all too clearly the utter dependence on the ambulance service of day hospital operation. It was impossible to assess the ill effects of loss of friendly contact for the socially isolated patients and loss of relief for hard-pressed relatives which normally occurred on treatment days. The enormous help and good will of the ambulance crews to disabled old people cannot be replaced by any form of voluntary effort by car owners, even for a short time.

The sudden break in day hospital treatment showed the vulnerability of those patients most in need of physiotherapy and rehabilitation—the strokes, the arthritics, and the chronic neurological disorders. Many extra ward admissions took place and hardship occurred for many patients and some families.

I wish to thank the ambulance service for their willing help and generous assistance to the day hospital patients, briefly interrupted by the industrial action. I also thank Sisters Hart, Heimbach, and Kerr and Mrs. I. Moore and the physiotherapy team for their help in assessing the patients.