Middle Articles

Dangerous Trends in Medical Care

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There is the most depressing Governmental complacency about the present and, even more important, the future state of our National Health Service. Everybody who believes in the ideals of the Health Service must be seriously alarmed about present trends. A crisis is approaching which will affect all aspects of medical practice in this country, and which successive Governments have failed to recognize in spite of repeated warning.

It seems to me that there are two particularly urgent aspects of the present situation—firstly the increasing emigration of doctors, and secondly the deteriorating relations between the National Health Service and the general practitioner.

It is difficult for doctors to criticize the Health Service without seeming to condemn it, but this should be the time for an extensive examination of its defects with a view to correction. Not least to be examined must be its failure to attract young doctors to remain in this country, because if this problem is not solved the Health Service will be in danger. The whole system is dependent on doctors, and there must be responsibility, co-operation, and understanding from the Government equal to that shown by the profession.

Doctor Shortage

It is remarkable how indifferent have been the Government and Opposition to this situation, which is growing steadily worse. That this indifference should not be from ignorance of the facts is obvious from letters in the medical journals and articles in the press, not to mention the many statistical researches on the subject.¹⁻⁴ The content and tone of replies by Government and Opposition spokesmen in recent years make distressing reading and give no grounds for optimism. Rather do they suggest a refusal to face facts from political expediency. Tragically, the National Health Service has become a political "sacred cow" which no party dare touch. Both Government and Opposition must now realize the folly of this attitude and co-operate together and with the medical profession to prevent the Service from collapsing. What is to happen when there are no longer enough doctors left in this country to maintain adequate standards of medical care, let alone train medical students and perform research? Already because of shortages extra demands are being made on teaching and research personnel to assist with patient care additional to their other responsibilities.

Why Are We So Short?

The reasons are well known. There is a world shortage of doctors, varying in severity from place to place in accordance with supply and demand. With an increase in population there has been no equivalent increase in the number of doctors graduating in this country. In fact in recent years there has been a decline compared with the immediate post-war period.

The demand for doctors by a better-educated and more prosperous public has increased. The modern complexity and specialization of medical care require more doctors to be involved in functions not directly related to day-to-day care of patients. These reasons alone could account for a shortage even in this country, where it used to be accepted that more were trained than could easily be employed at home. We have always had a large medical emigration, but we cannot now afford it and it is increasing all the time.

A serious shortage was first predicted in 1960, when the shortcomings of the Willink Committee report were discussed.¹ It was, however, an article by John Seale in the *British Medical Journal* in 1962, in which he discussed the reasons for emigration,² that resulted in considerable and continuing controversy. This careful study, instead of causing concern and an examination of the facts, was bitterly attacked by both Government^{5, 6} and Opposition⁷ spokesmen, and also by some leading members of the profession. This earlier personal research has now been vindicated by a more recent inquiry.⁴ However, there is still no evidence of any action by the Ministry of Health to improve matters, though it is encouraging to note that the seriousness of the situation has at least now been recognized.⁸

Understandably, young doctors will be attracted to the countries which can offer them most professionally, financially, and as an environment for their families. The temptation will be even greater if for any reason they feel discontented at home. It is my impression that the initial post-war emigration was mainly of aspiring young specialists, general practitioners, and research workers who saw little hope of early advancement in spite of all the necessary qualifications. More and more emigration has come to involve the whole profession, including those thought well established, and is an index of the frustration at home and the remarkable opportunities available elsewhere.

There is still no reduction in the demand for British doctors abroad, particularly in North America, and there is every reason for emigration to continue at this or an even greater rate. Departing doctors will leave vacancies which will remain unfilled. This will increase the demand on each doctor that remains, with mounting dissatisfaction with his own position. At present it must be only strong home ties, perhaps a sense of loyalty, and a reluctance to make a fresh start abroad later in life that keep many at home. Gradual changes are often not fully appreciated by those always present, but the fact that already a change has occurred was obvious to me when recently I returned to the U.K. after two years in North America. Before I left Britain any vacant consultant post had a long list of applicants, many of whom had become what was known as "chronic." Now advertisements for similar or even better positions may attract no suitable applicants. Another change is to be seen in the advertisement pages of the *British Medical Journal*. Five years ago there were few general-practice vacancies listed under "Partnerships," and few "Assistant-

ships" with "a definite view." Nowadays in any issue there are many openings in partnerships and very few for assistants without the attraction of early promotion. Similarly advertisements for consultant posts are not infrequently followed some weeks later by pleas like "Locum consultant required immediately." Are these positions not being filled? In this context the recent announcement that 1,095 *new* consultant posts are to be created between 1964 and 1968 seems unduly optimistic.⁹ Where are these doctors to come from? How can they be attracted?

This problem would have become obvious at a much earlier date if it had not been for the large number of graduates from other countries who come here for postgraduate experience and help to staff our hospitals at the junior specialist level. This supply is likely to diminish in future years.

It might be thought a pleasant change for every aspirant to a consultancy to feel that somebody might want him after all. However, only selfishness and lack of foresight will allow him to persist in this dream. The result of this crisis must be either a reduction in the number of consultant posts within the Health Service or a lowering of standards, both disastrous.

The Government would be unwise to seek comfort in the thought that if consultant posts become easier to attain the emigration of would-be specialists would diminish. Nobody will wish to become a consultant in an area where he might find himself doing the work of three people and having no time for reading, research, or even his family.

General practice would also be affected by this situation in addition to its own problems. At present specialists are in a more favourable position within the N.H.S. and have certain advantages over their colleagues in general practice. Many more graduates might then decide to enter the many gaps appearing in the specialist ranks, with serious results on recruiting for general practice. Indeed, general practice itself is in a state of change and threatened from more than one direction, not only in this country but abroad.

Devaluation of General Practice

This is happening everywhere and the trend cannot entirely be blamed on the National Health Service as is customary here. It is one of the unhappy but surely not inevitable results of the increase in specialization, with the strange equation in the public's mind of specialists with "top doctors" and general practitioners with something less good. This is absurd nonsense, but it has happened and doctors themselves must take some of the blame. I was surprised to find that in the larger American cities general practice as we understand the term is rapidly diminishing, with unfortunate results. Many people will argue that with increasing specialization a general practitioner is unnecessary, and in fact dealing direct with several specialists is common in the United States. Fewer doctors are willing to make themselves available at any hour for less money and an intolerable social and private life, compared with what can be achieved in other forms of practice.

The problem in the U.S.A. is that no longer do people have "their doctor" whom they can afford, and to whom they can go for help, whether the reason is serious, trivial, or merely to talk something over. It is often difficult to know who else to approach at any given time, especially when frightened and confused, and if a doctor is unknown. They thus tend to use the out-patient department of the large hospitals more and more as their solution and substitute for the general practitioner's office. There they will be attended, and very well too, by the interns and residents on duty, but it is impossible for any continuity of care to be maintained with any one doctor—surely the key to good general practice. The idea of the general practitioner knowing the family, its problems, and its peculiarities over many years, and acting the key role in care at home

and as co-ordinator when specialist advice is necessary, is perhaps considered old-fashioned by some, but I still feel it to be important.

In my experience there are two other disturbing consequences of this trend. Firstly, there has in many instances been a loss of doctor-patient loyalty. Patients change their doctor from month to month, illness to illness, and even during an illness in a way one might change shops if unsatisfied with service. The fault must lie on both sides, but for continuity of care it is disastrous and could be dangerous. Secondly, in some States, especially again in the cities, the osteopaths are assuming an increasing share of responsibility for general medical care. This is not to criticize them for that. They are fulfilling a need, and this rather refutes the suggestion that general practitioners are not needed. However, I am afraid that this may lead to some lowering of standards. It must be appreciated that in the United States an osteopath has a training similar in scope to that of the regular M.D. curriculum and on qualification with the D.O. (Doctor of Osteopathy) has the same rights and privileges of practice. They have their own hospitals, clinics, etc., and really provide an alternative or rival type of medical care. An osteopath is therefore not limited to osteopathy, and is not, as in Britain, prevented by law from certain types of practice open to the conventional doctor.

Remedies

What can be done about these trends as they affect us in this country?

Firstly, at the undergraduate level the number of medical students must be increased. This is already in progress but with only limited and inadequate success. Medicine is no longer in a favourable position to compete with the improved opportunities in science, engineering, and industry. More facilities for training are needed and could be provided at the new universities. Even limited ones in the next few years would be a start, and I was surprised to see so much antagonism to the very reasonable suggestion put forward recently by Professor Kenneth Hill.¹⁰ More emphasis on general practice at the undergraduate stage is necessary. Training for a specialty has to be done all over again as a postgraduate, so it seems pointless to concentrate on the finer details as an undergraduate. I mean by this that there should be more emphasis on general practice as a specialty in its own right with additional time given to such subjects as obstetrics, paediatrics, geriatrics, and psychiatry. The armed Forces have improved medical recruiting with a system of cadetships, and the same idea could perhaps be extended to civilian practice.

Secondly, can we reduce or stop this trend to increased emigration? Only, I am afraid, by making a career in this country attractive and satisfying. By this I do not mean only financially attractive—far from it. This country cannot afford to pay the salaries available in North America, and few doctors would expect it. This makes it all the more important to make the profession attractive in other respects. Money is important, but is not the reason for choosing medicine as a career, nor do I think it the main reason for emigration. There must be the incentive to young graduates of planned advancement within an organized system of postgraduate education, experience, and qualification. At present the situation is complicated and confused.

There is no plan of postgraduate training for the different specialties; no residency programme for each specialty as is the rule in the United States. It is surely too haphazard and too wasteful of time, energy, and money. The pressure on the individual, especially in the top jobs, is severe, and if he takes time away to join the Forces, do voluntary service overseas, or any such thing, he jeopardizes his position. Another peculiarity of our system, and one which causes considerable

amusement to our colleagues in America, is the frantic chase after not one but perhaps two or three higher qualifications in which the essential letters (M.R.C.P. or F.R.C.S.) are the same in each case. How wasteful of time and money, and surely how unnecessary? Is it not time we had one basic higher qualification? There would be no need for the individual colleges to lose their identity, though they might suffer financially.

Thirdly, how can the general practitioner be helped in his work and the image of general practice improved? To my mind there are three outstanding problems which need attention:

- (1) Practice accommodation.
- (2) Ancillary help.
- (3) Locum provision.

At present there is no adequate provision of help for the general practitioner who wishes to improve his surgery accommodation and facilities. This is left to his own initiative and his own pocket. There is no official recognition and encouragement of those who constantly try to improve their service and no official condemnation of those who are content to practise in premises sordid and totally inadequate.

A better system of holiday relief should be introduced. Group practice is an answer to the locum problem, and the formation of such practices should be encouraged. This also would mean that each doctor could have a reasonable private life with time he can properly call his own. In rural areas single-handed practitioners are the rule, and they must be provided with locums to allow the holidays to which they are entitled. As the shortage of doctors increases so will the problem of finding locums, but the needs of the single-handed should be paramount.

There are other details that I feel are important. Better liaison should be achieved between practitioners and their local hospitals through meetings and discussions with specialists. There is a lot to be improved in the present nature of many referrals to hospital by practitioners and the replies by specialists. Many misunderstandings can be avoided by making acquaintances and friends on both sides. Laboratory facilities could be available to a greater extent, especially for bacteriology and haematology. Apart from increasing the interest and scope of the practitioner, and rationalizing many forms of treatment, this would take some of the load off the hospital out-patient facilities. There should be encouragement and the means to make possible regular attendance at refresher courses, and the obtaining of higher diplomas. It might seem advisable for intending practitioners to do a resident post in obstetrics and paediatrics in addition to the pre-registration year, and an incentive for obtaining the respective diplomas would help. It can be argued that diplomas are of no value in determining ability, but at least they represent an attempt to define and maintain standards, and to date nobody has suggested a better alternative.

Who Will Pay?

In the end most things come down to a question of money, and improvements in the Health Service are no exception. The fact that medical care will cost more and more must be faced. I think it basically unfortunate to introduce any system of payment for service which might tend to place, or be thought to place, a barrier no matter how small between patient and doctor, especially as none has been present for so many years. The rapid headlong way in which the Health Service was introduced was bad psychology. To make everything free for

all and then bring in charges is so much worse than a gradual introduction of benefits one at a time, beginning with the most urgent as the means become available, even though the same end point is reached in both cases. However, if there was a fee for service I can see no reason why it should not be returnable in cases of need, or with exemptions for certain groups like pensioners. The alternative is increased taxation for all, irrespective of demands for service. The public must realize that a good National Health Service cannot be cheap.

Can We Bring the Emigrants Back?

Finally will it be possible to attract any of our lost emigrants back? From what I have seen, I am afraid not, though many of them think wistfully of many reasons why they would like to return to the U.K. There are, however, a few recently emigrated doctors who would be glad to return to this country were it not for one thing. This is their lack of a higher qualification and the necessity to start again in relatively humble circumstances in order to obtain this. These doctors may be very highly experienced and highly qualified, and very suitable for senior positions in this country, yet would never be considered because they left home before getting a Membership or Fellowship. This seems rather silly, and as a barrier could surely be overcome, given some consideration by appointments committees. It is a relatively small point but I think an important one which I have never seen mentioned. We just cannot afford to do without these highly trained doctors nowadays.

Conclusions

The increasing shortage of doctors in this country and the diminishing importance of general practice are two trends which should be of the greatest concern to all.

The initial difficult years of the National Health Service, while to a large extent responsible for the first, cannot be blamed for the second, though conditions in Health Service practice have led to difficulties for the general practitioner which have exaggerated this trend.

The time is long overdue for all political parties to recognize the seriousness of the situation and co-operate fully with each other and with the profession in trying to improve conditions and prospects that will attract our own medical graduates. It is to be hoped that this Government will be more perceptive than the last, but with the present political involvement of the National Health Service it cannot act by itself and must receive the co-operation of the Opposition if urgent changes are to be made.

Changes are needed to correct the present unsatisfactory position of general practitioners compared with specialists within the Health Service. We should focus on general practice as the keystone of our system of medical care.

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