8 'Hospital at home' and the medical profession

In principle the mainstream of medical opinion in Britain favours an integrated health system. But there is considerable doubt within the profession about its ability to achieve it and many doctors are opposed to the organisational measures which would favour its introduction.

Patients suffer the ill effects of divisive medical policies, particularly when they are in too weak a state themselves to coordinate the various elements of their care and treatment. Prevailing attitudes on the part of both profession and public are that, despite its weaknesses, existing NHS organisation is by and large satisfactory. Are indications to the contrary sufficient to justify the claim of this book that organisational change is crucial to more effective mobilisation of curative and caring skills than at present appears possible?

Doctors are organised in a fashion which reduces contributions they might make towards both prevention and cure of illness. Hospital admissions often have nothing to do with need for specialist care or use of hospital equipment. Failure to make hospital referrals frequently results in inaccurate diagnosis and inappropriate or improperly supervised treatment. Some patients suffer rather than benefit from the consequences of hospital admissions.

Hospital doctors decry waste of hospital beds and other amenities; GPs, deprivation of proper facilities for the home care of their patients. Seldom do members of either group ask themselves, 'What of the dilemma for the patient who requires specialist and/or comprehensive care but neither wishes nor essentially requires hospitalisation?'

Medical provision in the NHS is founded on concepts of primary care in the community, secondary care in hospitals. Lest readers might think my view, that primary health care teams
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should not be responsible for looking after fully dependent patients, is ill founded, I would point to findings of research analyses conducted by doctors themselves which suggest serious shortcomings in the general practices upon which these primary health care teams are based.

In July 1978 The Sunday Times published in consecutive issues a two-part summary of a searching enquiry into what appeared to be the beginnings of a crisis in the NHS. It drew its evidence of this from various professional and government studies ranging from those of a clinical kind to those mainly concerned with health politics and administration. It demonstrated the irrationality inherent in a service in which professional independence is maintained even when it results in gross contrasts of treatment. It found that clinical judgement so intensively individual bears unsatisfactorily on many patients.

The enquiry found that both members of patients admitted to hospitals and their lengths of stay increased according to numbers of beds available, yet waiting lists did not significantly decline; the conclusion being that sickness expands to fill the number of beds available. It reported that in 1976, Dr David Owen, then Minister of State at the Department of Health, pointed to disparities of clinical freedom, giving doctors the right to say how long patients should stay in hospital. For example, some consultants kept peptic ulcer cases in hospital for six days, others for 26 days; some kept hernia cases for two days, others for 12 days; appendicectomy cases, three days as opposed to 10 days; tonsillectomy cases, one day as opposed to five days; hysterectomy cases, three days as opposed to 36 days. Owen also pointed to a study of six hospitals showing that, in one, 26 per cent of male patients suffering tuberculosis were kept in hospital for a year; while, in another, all were discharged within 90 days. In no cases were shorter stays found to have any adverse effects on the patients.

The enquiry then went on to demonstrate the meaning of clinical freedom amongst GPs by examining patient referral rates to hospital specialists. It pointed to a study covering four practices which found that these varied from five per thousand in one practice to 115 per thousand in another; from six per thousand in a third, to 256 per thousand in a fourth. The researchers could find no clinical explanations for these varia-