Chapter 3 - THE PATIENT'S VIEW OF THE DOCTOR'S JOB

MECHANIC: As far as I am concerned primary medical care is the major issue from the point of view of the public. The public, judging from surveys of popular opinion, generally assume that, though they are not in a very good position to judge, persons licensed to practice are technically competent. Therefore, the first concern of the consumer is access, that is the ability to get to a physician promptly when a need for medical care arises and when that felt need is acute. Secondly, the public has a concern, an important concern, with the extent to which the physician expresses an interest in them as patients and as persons. They want to feel that the doctor really cares, that he is not just doing a technical job or just trying to get a fee. And, of course, the third issue is cost. We have already mentioned the extent to which both the physician and the patient are not really aware of the true cost of medical care because so much of it is now paid for indirectly through direct Government subsidies or through third-party payments via non-profit or private health insurance.

The primary care issue is clearly related to specialization. I am less concerned with the relative distribution of cases between obstetricians and gynecologists and general surgeons, and much more concerned about the relative distribution between what has been called primary medical and specialized medical care. Formerly, most physicians offered primary care while the specialist was mainly a consultant, a person to deal with more complex and difficult problems with which the general practitioner could not cope, did not fully understand, and which required complex facilities. But through a political and social process and, in part, through the development of knowledge and technology, we have gotten away from the idea of the consulting physician. The specialist is no longer a consulting physician but has become the physician in charge. The old notion, the English notion, of the specialist as a consultant to a primary physician is one that, I think, has been lost within the context of our medical care system. The primary physician should provide easy access to more specialized practitioners because of the way he organizes his practice and the distribution of specialists in the community. Secondly, the primary care physician should maintain responsibility for his patient's total care, not only through his own work but by coordinating the work of other practitioners. Thirdly, good primary care should provide continuity of patient assessment and patient management.
Physicians can afford to be much more restrained in the ordering of laboratory tests on patients known to them than in the case of emergency room, acute care, or nursing home patients with whom they have only a meagre association. The excesses in technology that Dr. Weiss pointed out are a product of the breakdown of continuity of care and the breakdown of the continuity of the physician's knowledge of the patient.

The physician who has been caring for a patient over a number of years has learned what the bodily reaction of that patient to stress may be. He does not need to apply a battery of laboratory tests indiscriminately. He is aware of the patient's life problems, whereas the physician who is a total stranger to that patient cannot acquire this knowledge in a five minute office visit.

WOLF: I think I detect an implication that a specialist is more likely to mistreat the patient than is a GP because of his reliance on unnecessary lab work and promiscuous use of drugs. I challenge that judgment. My experience as a specialist consultant has taught me that unnecessary - potentially harmful tests and medications are ordered most frequently by the family doctor. Often the most useful and even life saving function of the consultant is to discontinue medications and to forego potentially hazardous diagnostic procedures.

I sense some confusion, perhaps a contradiction in terms. At one point you equate a primary physician with a general practitioner, a man who "could not cope and did not fully understand the more complex and difficult problems of patients". In the next breath you state "the primary care physician should maintain responsibility for his patient's total care". I would suggest that the word "primary" is being assigned to quite different meanings. In the sense of primary care the implications are:

1) initial contact with the patient,

2) responsibility for preventive measures, immunization, periodic check-ups, well baby care, counselling, etc.,

3) triage for complicated illnesses requiring referral to those with specialized training and resources.

The primary physician, on the other hand, is viewed by many as the one who bears the primary responsibility for the patient's welfare, for handling his problems whether they require hospitalization, special treatments, or referral for consultation or surgery. The American College of Physicians has started a campaign to emphasize the role of the internist as a primary physician, that is, a physician adequately educated and experienced to take full charge. Internists do not necessarily engage in primary care,