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Correspondence

Letters to the Editor should not exceed 500 words.

General-practitioner Hospital Beds

SIR,—The greatest mistake of all time is being made in medical planning and hardly a word is being raised in protest. May I raise this matter in your columns? The case for general-practitioner hospital beds in every district is overwhelming. Yet for some reason the subject is barely mentioned in Great Britain.

In an article analysing the career choice of young doctors, under 30% made general practice their first choice.[1] The long-term effect of this flight from general practice needs no emphasis. The fewer doctors there are in general practice the more impossible becomes the work of those remaining, and the lower the standards will fall. This is a vicious circle that all have recognized. The essential cause of it is the lack of general-practitioner hospital beds.

In America, Canada, Australia, and New Zealand general practitioners have every right to treat their own patients in hospital. The Queen Elizabeth Hospital in Adelaide has set aside a whole floor of wards for use by general practitioners. The University of British Columbia is planning a similar large unit in its new hospital. In England the few beds in cottage hospitals still available to general practitioners are being remorselessly closed.

Social changes are causing more and more patients to enter hospital when they are ill. This is not always because better treatment is available for them there, but because relatives are often unwilling or unable to nurse them at home. Cases that the general practitioner has always treated—acute heart failure, cardiac complications of chest disease, pneumonitis, infective hepatitis, phlebitis, strokes, and terminal cancer—are now being removed from his care and occupy either consultant beds, which they do not need, or chronic sick beds, where little active treatment is possible.

If anyone doubts the benefit to patients of access to general-practitioner beds let him inquire in a district where a cottage hospital has been closed. Take the case of terminal cancer. Does anyone ever wonder what happens to these patients when the time comes that they can no longer be nursed at home? The doctor who has visited them throughout their illness is suddenly forced to hand them over to strangers. They know they are being sent somewhere strange to die. The planners fail to recognize what this means because these particular patients never come back to tell the tale.

No extra beds are needed. All that is necessary is that those beds which are being occupied by the sort of general-practitioner cases that I have mentioned should be under the control of general practitioners in a section or ward of every hospital. I estimate that a general practitioner needs about one bed for every 1,000 patients on his list. Fifty beds in a town of 50,000 people; two wards of the district hospital. Everyone agrees that the general practitioner must maintain contact with hospital. The proper way for him to do so is to have his own beds for his own patients in every district hospital. The most potent factor leading to emigration is not dislike of England, neither is it the desire for more money, it is the lack of general-practitioner hospital beds.—I am, etc.,

KENNETH LANE.

Midsomer Norton,
Somerset.

REFERENCE

[1] Last, J. M., and Stanley, G. R., *Brit. J. med. Educ.*, 1968, 2, 137.

Service Abroad and Promotion

SIR,—To those of us who are actively engaged at present in work in developing countries it is becoming increasingly a matter of concern that so few newly qualified doctors today have any practical experience outside the European field. Whereas at one time, for reasons of military service, etc., a large number of doctors of British nationality spent time abroad, this is no longer the case, and it seems that the present generation of doctors, working in hospital practice especially, will never step beyond the Channel to engage in active medical work abroad.

May I illustrate this by saying that, while on a tropical medicine course in London last year, out of the fifty or so taking part only five were of British nationality and actively engaged in work abroad? This means that in the whole of Great Britain in one year only a mere twelve doctors or so of British nationality are gaining any qualification in worldwide medicine, and of these the majority are employed by missionary societies abroad. (This figure excluded the services.)

At present I work in a brand new hospital in French West Africa. The country is politically stable, and the hospital, linked with the M.R.C., is equipped with the very latest in equipment—in many ways better than that of the average general hospital in Britain. We have been inundated with patients, and clinical scope and demand for help have been way beyond one's wildest dreams, and yet even in this idyllic situation it has proved virtually impossible to recruit staff from Britain.

Why? may you ask. Is it the dark, dangerous continent that puts people off? If so, may I quickly say that in this day and age working conditions are just as safe and comfortable by and large as they are at home?