# BRITISH MEDICAL JOURNAL

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# Correspondence

*Letters to the Editor should not exceed 500 words.*



## Complaints in the Hospital Service

SIR,—I have read in the *Daily Express*[1] a description of the Secretary's instruction to hospital authorities regarding complaints by patients and their relatives. In my opinion it is so ludicrous that one can only conclude that it must be wrongly reported. If it is indeed true then it must surely be the most irresponsible attack ever on the medical and nursing professions. It is in effect a "licence to litigate" since any serious complaint, if upheld by the hospital authority, will provide very strong grounds for a tivil court action for damages. With our legal aid system no person bringing an action need risk the smallest financial loss. One can well imagine what advantage the unscrupulous and mischievous person will take of the official encouragement provided by the Secretary of State.

It is a most depressing situation, and I fear that job satisfaction will soon be a thing of the past for the profession. We shall be too busy dealing with complaints, or the possibility of them, to devote much time to our patients. If this should be the result of such public encouragement to the public not to trust their doctors and nurses then there will be a great acceleration in emigration and an equal reluctance of clever young people to come into medicine. Immigrant doctors, who have recently played such an important role in keeping the decaying hospital service going, will be very reluctant to practise in a country where the doctor is given the role of an Aunt Sally to be fired at by anyone so minded.—I am, etc.,

J. BRENNAN.

Bluebell Hill,
Kent.

REFERENCE

1 *Daily Express*, 31 January 1970.

SIR,—I hope that the Association will soon be in a position to explain the terms of the Secretary of State's new scheme for facilitating complaints against hospitals and hospital staffs. As I plough through vast fracture clinics at a rate which will allow me to begin the afternoon orthopaedic clinic in time, I really wonder whether it is worth the effort. It is obvious to anyone that one just has not got the time to give each patient that little bit of cheer which helps them to bear carrying a plaster around for many months. Any attempt at firmness is going to be construed as "bad manners" and probably reported as such.

Working under stress under 1935 facilities is no joke these days, and I feel that too little has been done in the past to bring this home to the great British public, who demand so much—without of course having to pay for it out of their own pockets. I have got to the stage now (at 57) of thinking seriously of cutting down clinics, although this at once raises a howl of anguish from our general practitioner colleagues. I am sure that there is no specialty more abused than that of orthopaedics. I must say that I now envy the comparative peace under which our other colleagues live: radiology, dermatology, and so forth.

Perhaps therefore in the near future someone would explain this new scheme to us.—I am, etc.,

T. DENNESS.

Ipswich.

SIR,—Instead of encouraging patients to complain about hospital staff, would the Secretary of State not be wiser to offer merit awards to hospitals? This would provide incentive to develop a team spirit and give staff a personal stake in efficiency—something which is at present sadly lacking.—I am, etc.,

J. E. DUFFIELD.

Radcliffe Infirmary,
Oxford.

## Renal Transplantation

SIR,—I was interested to read of the removal of thrombus from the renal vein after renal transplantation by Mr. S. D. Clarke and others (17 January, p. 154). In their memorandum the authors mention that early diagnosis of renal vein thrombosis is important and I have found phlebography useful for this purpose.[1]

During 1968 eight patients at the University of California, Los Angeles, had phlebograms to exclude renal vein thrombosis following transplantation. An iliac phlebogram was performed first to exclude thrombosis in the iliac veins. If no thrombosis was demonstrated a small polyethylene catheter was introduced into the vein of the transplanted kidney and selective renal phlebography was performed. Three of our patients had normal renal phlebograms and two patients had extremely good filling of the renal veins typical of rejection (confirmed by biopsy and arteriography). The other three patients had venous thrombosis. One patient had thrombosis of the ipsilateral common femoral and external iliac veins not involving the renal vein. The second patient had some thrombosis at the anastomosis of the renal vein to the common iliac vein, and the third patient had recanalization of a previously thrombosed common iliac vein and more recent thrombosis in small branches of the renal veins.

Phlebography proved helpful in the management of all these patients. The positive diagnosis of venous thrombosis in three patients resulted in their successful treatment with anticoagulants, and the other five patients were spared incorrect and potentially hazardous treatment. No complications of phlebography were encountered, and the techniques used were not difficult to perform.—I am, etc.,

E. W. L. FLETCHER.

Radiodiagnostic Department,
Radcliffe Infirmary,
Oxford.

REFERENCE

1 Fletcher, E. W. L., Lecky, J. W., and Gonick, H. C., *Clinical Radiology* (in press).