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CORRESPONDENCE

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

Clinical responsibility

SIR,—I have read with the greatest interest your two articles on clinical responsibility (17 December, p 1584, and 24-31 December, p 1637) and you are to be congratulated on sponsoring the conference which gave rise to them and on the way in which the discussions were recorded. There is, however, one important point which is central to the whole theme of clinical responsibility which was not discussed. The arguments presented tended to consider the changing role of hospital doctors in relation to other groups of workers within NHS hospitals. This is really too simplistic and underlines one of the fundamental defects in the present organisation of the hospital service. It is surely axiomatic that in a large and complex institution like a hospital *all* groups which work there are useful for the running of the institution, but the importance of the different groups will vary according to the use which is being made of the institution. In other words it is necessary to analyse critically what is being done for individual patients in hospital. For example, if a patient has acute intestinal obstruction then no one is as important as the surgeon who will operate—in the last analysis he could perform his function alone, doing all the essential work himself, and still stand a chance of curing or relieving the patient. No other group of workers in this example is in this situation; surely this must give him pride of place in any hierarchy or team. At the other extreme is the need to admit to hospital (the same institution as the surgeon uses) a feeble old man living alone who has got cold, hungry, and a bit confused; his needs for a doctor are minimal—he needs only loving care. Confusion arises because the same institution, the hospital, is used for a vast spectrum of disease, social deprivation, and custodial purposes without it being clearly appreciated that the one institution performs social as well as medical functions. By tradition doctors have been involved in the running of hospitals and therefore involved in all the functions for which hospitals are used.

It would clarify our thinking if it was appreciated that the National Health Service is a misnomer. The NHS is really an amalgam of three services which are only loosely interrelated: the national *illness* service (general practitioners and hospital consultants with their useful and necessary supporting services), the national *social* services concerned with the social aspects of people who happen also to have an acute or chronic illness, and a national *wellness* service (health education, screening, well-baby clinics, health visitors, etc).

If doctors could get on with the curing or alleviating of sick patients they would be satisfied, but they become increasingly frustrated when the social aspects of their patients impinge on their ability to get on with their proper job. As individuals who are mostly humane and caring, doctors are naturally concerned about the social aspects of their patients, but they do not feel that "hospital" facilities should have to compete for resources with "hospice" facilities to the detriment of other patients who still require "hospital" facilities. In respect of organising and deploying "hospice" facilities most clinicians would be content to be part of a team and not carry ultimate clinical responsibility. In respect of organising "hospital" facilities doctors would reasonably expect to be the leaders and carry full clinical responsibility.

Your discussants mention the "problems" of trade unionism and the aspirations of other professional groups within the NHS to organise themselves the better to influence events, protect their interests, and hopefully promote excellence. These events should be seen in perspective—the majority of hospital consultants do not feel particularly threatened by them, although admittedly some see the recent developments as the "thin edge of the wedge." One must remember that trade unionism in hospitals is a very recent happening, that the "professions necessary to medicine" have been appallingly poorly paid until the last few years, that we live in times in which the power to disrupt is widely regarded as a legitimate negotiating weapon, and that despite all this the vast majority of those in "professions necessary to medicine" (including laboratory technicians and radiographers) are as concerned as doctors about declining resources and are as dedicated as doctors to the