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BRITISH MEDICAL JOURNAL

SATURDAY 9 DECEMBER 1972

PROCU... CURRENT ... RECORDS

LEADING ARTICLES

PAPERS AND ORIGINALS

MEDICAL PRACTICE

NO. 5840 BRITISH MEDICAL JOURNAL 1972 VOLUME 4 563-622 ASTM CODEN: BMJOAE 4 (5840) 563-622 (1972)

BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR TELEPHONE 01-387 4499 WEEKLY PRICE 42p

CORRESPONDENCE

Correspondents are asked to be brief

Staffing of Casualty Departments

SIR,—How refreshing to feel a breath of common sense in the miasmic jungle of nonsense that we surround ourselves in the discussion of this intractable problem. Mr. Keith Norcross (18 November, p. 421) is right. The work in Casualty more closely resembles general practice than anything else, more particularly in the last few years since general practitioners protected themselves with the barrier known as the appointment system. This inauguration drove crowds of new trivia in the departments as evidenced in the figures. At this hospital, with a falling population we are seeing nearly twice the number of new patients that we dealt with eight years ago.

Since the inception of the National Health Service these departments have had a hand to mouth existence, and at times have been staffed by methods involving degrees of subterfuge, bribery, sanctions, or frank false pretensions. In my view the only long term solution is to accept that the nature of the work requires experienced sensible doctors who are knowledgeable enough to call in specialized skills when required. Such doctors are available, but only at a price. Witness the number of established general practitioners who have given up their remunerative work to take up administration with the Department of Health or the regional hospital boards. Many of these in their hearts would prefer to stay with the patients. I am convinced that enough could be attracted to exchange the inconvenience of predictable shift work for continuing to suffer the petty annoyances of their surgeries, provided of course that they were not financially worse off. By this method a sturdy foundation could be built, without the need to appoint a consultant to a job which rarely calls for such a level of expertise. With such a backbone of experience two twin problems would disappear. I refer to the use and hence training of pre-registration house surgeons, and the resentment of senior house officers forced to work in these departments long after the experience is of much value to them.—I am, etc.,

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SIR,—I was interested to read the Personal View of Mr. Keith Norcross (18 November, p. 421), in which he discussed the staffing of casualty departments (now renamed accident and emergency departments). He states many established facts, such as the necessity for supervision of junior staff, the necessity for appropriate *x*-rays to be taken, and the heavy work load which is carried by most departments. All these facts are well known and accepted, but when Mr. Norcross pontificates on organization and staffing it seems to me that his knowledge of the subject is scanty and gleaned from outside.

I have been in the field of accident and emergency work as medical assistant and now consultant since 1955. The work is interesting and worthwhile, and though a small proportion of the patients who attend should have attended their own doctor the vast majority rightly fall into the "emergency situation" category. It is misleading to say that the work of the casualty officer is very largely general practice with a little emphasis on resuscitation. It has been a ploy of the people who resent recognition of accident and emergency work as a specialty to suggest the term of hospital G.P. should apply. Had the people who have occupied the medical assistant posts in casualty for years wished to be general practitioners they would have gone into practice, and probably earned a greater remuneration than as medical assistants.

Mr. Norcross does not seem to be aware that there are already a number of consultants appointed in full-time charge of accident and emergency departments. It has not been a "source of demoralization and confusion to attempt to use the status of consultancy," as he suggests. Many people are now reaping the reward of their hard work in having full recognition of status and pay and doing rewarding work as consultants in accident and emergency departments. We are not orthopaedic surgeons, nor do we wish to encroach upon the work of orthopaedic surgeons. Above all I would not wish to suggest to Mr. Norcross how to improve the orthopaedic service.

The "excessive commitments" quoted by Mr. Norcross do not exist in a properly run and adequately staffed accident and emergency department. People like the well known Mr. Maurice Ellis of Leeds have shown that dedicated and well trained people can organize and run a good department and have a full and active career. Finally, Mr. Norcross, by his Personal View has done a great disservice to a good specialty, but I trust that young doctors contemplating a career in casualty will ignore his inuendoes and take up the work which the Casualty Surgeons' Association has advocated for years.—I am, etc.,

JOHN COLLINS

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