

How many Doctors DO we need?

John and Fiona Earle

Before the last election, Mr. Cameron mentioned two medical problems. Firstly, it is often difficult to see a GP, particularly 'after hours' – evenings, nights and weekends. Secondly, the death rate in patients admitted to hospital at the weekend is greater than for those admitted on a weekday.

Clearly, the sooner a disease is diagnosed and treated, the better the outlook for the patient. In the ideal world, we would all be able to get whatever help we need instantly! It is true that on the weekend, when a doctor's opinion is harder to get, some patients will be seen later than is desirable and the disease may develop to a stage when it is impossible to cure. This is particularly true of surgical conditions. For this reason many consultants regularly visit their wards at weekends. Nevertheless, the death rate in hospital on a weekend is higher than on a weekday.

The proposed solution to both problems is the appointment of 5,000 more GPs and a requirement on all senior staff to be available to work in hospitals on the weekend.

This was widely reported; we were surprised to see no mention of how patients could help themselves. It can be done! – we will cover this in our final section.

First let us look at this solution in practical terms.

Training and development of doctors

It takes about seven years to train a doctor to the point where s/he can begin to practice. The first two years, learning the basics of physics, chemistry, organic chemistry and biology, are normally done at A-level in school

The structure of the body – Anatomy – and the function of different parts of the body, heart, lungs, intestines and so on are classed as Physiology. The ways in which the

normal function of the body can be damaged goes under the heading of Pathology. Study of these usually takes two years ending with stringent examinations. The student doctor then learns clinical diagnosis by listening carefully to what a patient says and then examining them. For a country doctor working miles away from a pathology department or a radiology service, clinical medicine is the basis of treatment. This takes about three years of study and is followed by another set of examinations.

The newly-qualified doctor then needs to spend time in a 'teaching practice' gaining practical experience. Doctors spend most of their time treating disease. Disease is a strange part of human life! Broadly speaking, disease can be divided into two classes – common disease and uncommon disease. It can show itself in two ways – the usual and the unusual. This often means that even a consultant may see an uncommon disease presented in an uncommon way once every 3–5 years. Before seeing the consultant, that patient will probably see a GP who will be doing well to know where the disease is!

Where do doctors work?

The structure of the medical profession is a bit like a tree. The two main branches are in General Practice and the world of hospital medicine and the majority of UK doctors work in one or both arms.

The Services, Army, Navy and Air Force all employ doctors, as some industries also do. John once did a locum in a steel works. Members of the workforce were exposed to sudden, very loud bangs that occur when iron is being melted to make steel. This can damage hearing. The doctor was employed to check and record any hearing loss. If this was happening, the doctor advised the workman to wear ear-muffs. If the workman refused, then the company was not responsible, in law, for causing any loss of hearing.

On qualifying, some doctors wish to go and work abroad. At present, there is a move to say that a doctor trained in the NHS and so should stay in the country for a minimum of two years.

Not a 'quick-fix'

If we need another 5,000 UK trained experienced GPs we will need to wait a few years to get them!

Furthermore, many GPs are not happy due to the increased pressures and so we will need replacements too. In the past, GPs might cease full time work at 60 or 65 but continue to work part-time to the age of 70. Nowadays many are retiring early and so where there were five doctors in a practice, together, there may now be four – looking after the same number of patients.

Then and now

John is looking at medicine from the touchline rather than being involved with the care of patients. He left general practice nearly thirty years ago, but continued to do clinics in hospitals for another 15 years. When he was in general practice it was during the period of generalists. Some of the consultants were General Physicians with a particular interest in, perhaps, the heart, or the lungs. Now we are in an era of specialists with a consultant dealing almost exclusively with one type of illness.

John stitched the cuts, using local anesthetic. He removed foreign bodies from various places, including an ant that was most reluctant to give up its nice warm home in someone's ear!

We in the practice tried to ensure that women had a cervical smear done every five years or earlier if someone was worried, or is had symptoms that suggested an earlier smear was desirable. We shared the antenatal care with the local hospital and did post natal examinations. Following this, we might be asked about contraception. If a patient wanted a copper coil placed in the womb as a contraceptive, then John put one there. We immunised the children

against diphtheria, whooping cough and tetanus.

All of this led to the family and the doctors getting to know one another. When John and his partner Robin were partners in Yorkshire, they were called Dr John and Dr Robin.

Extra effort

Complaints were almost unknown. Now the cost of the NHS and its legal side is going up year by year. We wish we could tell you why this is happening, but this is guess work. Certainly, a complaint may be entirely justified and point to the failure of a system, or a doctor has not done what any other doctor would have done.

Sadly, it seems that some complaints are made so that the patient may get some money. In order to reduce the risk, a doctor might order additional tests and X-rays to back his judgement in case a complaint is made rather than rely on clinical diagnosis – thereby introducing delay and extra cost.

What WE can do for ourselves

The last ten years of life are when disease is most likely to occur and so it is an important time to promote health. Activity promotes immunity. Being inactive in those latter years is far more dangerous than cigarette smoking or becoming obese. Never sit in a chair for more than an hour without moving around! There are many simple exercises that only take about ten or fifteen minutes – ideally done every day. John is very happy to discuss this either with individuals or small groups.



Gary sang the verse
'The purple-headed mountains...' as a solo