

MODERN HOSPITAL PROBLEMS

A special issue of the World Medical Journal¹ contains contributions from a number of countries on problems of the modern hospital. We quote extracts therefrom in which our readers will doubtless be interested.

None of the contributors reveal any complacency about the state of the hospital today, and many other authors around the world have recently published on similar themes. In the U.S.A. *World Medical News* has begun a series of articles on "The hospital in a changing world" and in the first of these it points out that within only twenty post-war years in the United States admissions to hospital rose by 65% though bed numbers rose by only 21%. On the other hand, the number of employees in hospitals rose by 131%, a figure brought home to us by the picture on page 59 showing the number of people needed to care for a hospital patient in 1967 in a leading U.S. institution.

An article in *Lancet*² compared the cost of medical care in three countries—Sweden, the U.K. and the U.S.A.—in which about the same proportion of the gross national product (circa 5%) is spent on this commodity, a high percentage of this going to hospital care. In an analysis of this document, one of its authors, Smedby,³ points out that the chief problem of knowing whether we are getting value for money by our present use of hospitals and other methods of medical care is lack of basic information. Would we do better to strive to cut down hospitalization in favour of care in the home, for example? Would it be better if all doctors giving medical care were concentrated in hospitals and their polyclinics instead of being scattered around? Should we be spending more on prevention, or will this simply mean an increase in total costs? These are questions hard to answer. All we know is that medical care seems to cost more and not less when a population becomes healthier, as it has done in recent decades in all the three countries surveyed.

¹ Paris, 1968, No. 3.

² *Lancet*, 1967, I.

³ *Läkartidningen*, 21 Feb., 1968.

There are two tendencies in the hospital world; one is a tendency to take on more and more of the total health care, as has been manifest in the United Kingdom, for example, where general practitioners by and large do not cover as wide a range of functions as they did, or in the U.S.A., where urban hospitals tend to get involved with outside care and with social agencies. The other and reverse situation is that in which efforts are made to stop hospitals wasting their time on attending to cases which do not need their resources. Outpatient departments and casualty departments tend to be thronged with clients who could have well been attended to by their family doctor, as a British study showed last year. In Britain it is common practice for patients to drop into the hospital outpatient department for casual care instead of enduring the often long wait in the doctor's office, thus transferring the load from one place, to another. The experience related in an Ohio hospital that only 20% of "emergencies" are really emergencies' could be duplicated in many places in the industrialized world.

That the hospital world is changing is also emphasized by Burkens in the Netherlands journal *Medisch Contact*¹. Formerly, says he, the hospital was a place of work for certain doctors and also a medical hotel, but this concept is obsolete. The hospital has developed into a centre for medical care of all sorts including preventive activities. It has also assumed a growing role in education (formerly confined to only a few hospitals) and in research. It is now the centre for medical teamwork, an essential in modern treatment. The patient no longer has one doctor to care for him during his hospital stay; *de facto* he has a team, and the responsibility is really no longer that of his admitting doctor but of the whole hospital.

Can the share of the hospital in modern medical care be cut down? One method of doing this was reviewed in *Concours Médical*² by Charbonneau, who described the efforts in Paris to arrange "hospitalisation à domicile"—hospital care at home. A system of early discharge and continued supervision by the hospital has been developed by the Public Assistance authority in this area. Thus this

¹ *Medisch Contact*, 15 Dec.'67.

² *Concours médical*, 17 June 1967.

MISCELLANEOUS

type of care is a true continuation of hospital care with eventual discharge to the total care of the family doctor, although in practice during the period of home hospitalization he is in charge under guidance from the hospital, an excellent way of improving liaison between hospital and family doctors. The head of the hospital department decides which patients may go home, with the consent of the family doctor and the family. A social worker is the key to the situation, for she has to decide whether the home conditions are suitable . . .

. . . One thing is certain—most hospitals in the world have some features of obsolescence about them, and changing a building costs an inordinate amount of money and is often unsatisfactory. Maybe what we need for the hospital of the future is a temporary structure designed to last only a few years or constructed out of units which can be moved around to serve different purposes. It will not look so nice but it may solve such problems as finding room for an intensive care unit or a burns unit—or even a heart transplantation unit.
