# International Perspectives

# A Letter From the United Kingdom

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This letter will start from the general and work through to the particular. Reading, listening, and viewing the tales of "woe, woe, and more woe," our friends across the Atlantic might well imagine that we are in dire and desperate straits.

We seem to be lurching from one crisis to another. Inflation still is high, much too high, at close to 20 percent. There is general irritation and irritability within our people at lack of progress and development. Frustratingly, it is difficult to put the blame on any "body" or anyone. Every "body" and everyone is blamed at some time for lack of leadership or lack of effort.

Yet, Britain is still a most pleasant land. The climate is kind, there is freedom and democracy, there are no real shortages, education is free, there is plentiful culture and sport for those who seek it and we have a national health service and a welfare state with freedom from worry about medical costs when sick or unemployed. And of course with our devalued pound, we are a visitor's paradise!

Our national habit of self-criticism has extended to knocking our National Health Service (NHS). There are tales about long waiting lists for hospitalization, about our "old" hospitals, about our FMGs (foreign medical graduates), about rising costs of drugs and the NHS in general, and about dissatisfaction amongst the medical and nursing professions.

These make good stories, but the actual facts are different. There are no long waits for patients with conditions that require urgent or quick treatment. A patient with a lump in the breast is admitted within days, a patient with myocardial infarction within hours, a patient needing vagotomy within a couple of weeks, and a woman requiring a hysterectomy for good reasons within a month. On the other hand, patients requiring varicose vein surgery may wait 6 to 12 months, vaginal prolapse as long, and a hip replacement procedure may also have to wait for up to 12 months. But then what harm comes to these patients whilst they wait?

Some of our hospitals may look old from the outside but their results of care are no worse than those from our most modern hospitals. Patients often prefer the environment in our older hospitals.

The numbers of physicians and nurses are increasing each year. They are working many fewer hours than in the past and the incomes of our physicians are on a par with other professions.

Most recently, in the past year, there have been attempts at belt tightening and each region and area is endeavouring to cut down costs and expenditures and at the same time improve efficiency and provide better value for the money. There is considerable room for improvement. We have little awareness of cost-effectiveness and there have been few experiments and trials to discover optimal methods and techniques of care.

Turning to general practice, we are in the midst of revolutionary and dramatic changes (some of these topics will be dealt with in subsequent communications). We have now departments of general practice at almost all of our medical schools. After 1980 a prescribed and approved training will be mandatory for all who seek to become principals in general practice. All districts now have new and purpose-built postgraduate medical centers which are hives of activity in continuing education for hospital and family physicians.

Most (over 80 percent) of general practitioners now work in groups. The solo practitioner is becoming more rare each year. Each year more health centers are being built to serve as community bases for primary care. The primary care team of physicians, secretary-receptionists, nurses, health visitors (public health nurses), midwives, and social workers has become a reality and joint collaboration between all these from health centers and group practices has led to better care for the people.

I have been in my practice now for 30 years. I have seen many changes for the better. I work in the same premises with a partner and a practice team. We provide care from the antenatal period, through child care, adolescence, adulthood, and old age for almost 9,000 patients. I work fewer hours now than I did 30 years ago and provide a much better service. I am satisfied and happy, and so, I believe, are my patients!

This section of the Journal is designed to present clinical problems which focus on patient management, problem-solving, and other elements integral to family medicine. The intent of this section is aimed more at teaching and learning than self-assessment as an evaluation or scoring device. Reinforcement of major teaching points is therefore included through the further discussion and supplemental references which appear on the following pages. Critical comments relating to these self-assessment materials are invited and should be submitted as Letters to the Editor.

# Self-Assessment in Family Practice

These materials have been prepared by members of the Self-Assessment Panel of *The Journal of Family Practice*. Membership: R. Neil Chisholm, MD, Chairman (University of Colorado, Denver), B. Lewis Barnett, MD (Medical University of South Carolina, Charleston), Leland B. Blanchard, MD (San Jose, California), Paul C. Brucker, MD (Thomas Jefferson University Hospital, Philadelphia, Pennsylvania), Laurel G. Case, MD (University of Oregon Medical School, Portland), Silas W. Grant, MD (University of Alabama, Huntsville), Ian R. Hill, MD (Plains Health Centre, Regina, Saskatchewan), Kenneth F. Kessell, MD (MacNeal Memorial Hospital, Berwyn, Illinois), John A. Lincoln, MD (University of Washington, Seattle), James G. Price, MD (Brush, Colorado), Richard C. Reynolds, MD (University of Florida, Gainesville), Gabriel Smilkstein, MD (University of Washington, Seattle), William L. Stewart, MD (Southern Illinois University, Springfield).

## QUESTIONS

*A six-year-old child was involved in a nonfatal submersion in a fresh water lake and is brought to the Emergency Room while you are on duty. On arrival the child is somewhat lethargic, but rational.*

1. List at least six procedures to be performed immediately, in the Emergency Room.
2. You expect that the laboratory results will be (indicate up, down, or normal levels for each of the following):
   A. Ph
   B. $PO_2$
   C. $PCO_2$
   D. Sodium
   E. Potassium
   F. Chloride
   G. Bicarbonate
   H. Hematocrit
   I. Plasma hemoglobin
3. You make arrangements for the child to be admitted to the intensive care unit. The family asks how long he will be in the hospital and if he is "out of the woods." How would you answer these questions?
4. You follow the patient for an hour and note that he is breathing spontaneously, but is cyanotic on nasal oxygen. You would now (list at least three procedures):
5. What would be your disposition of the patient?