COVER SHEET

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Author: Mills, K. F.
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The unbiased facts to be found in a large series of case records often contradict our fondest and most firmly established ideas on a subject.

Very few of us can expect to make a spectacular discovery or advance in medicine, but we should contribute our share to the steady advance of medical knowledge.

Students and junior members of staff lack knowledge and experience; the senior members do possess these but lack the necessary time. The solution lies in co-operation between students, junior and senior members of staff.

Unfortunately, one of the obstacles to this solution is the fact that with the present organisation the student, more especially the senior student, has no real opportunity of belonging to such a team. He feels that his work is of no consequence to the hospital; that whether he clerks the case efficiently or not makes not the slightest difference to the management of the case. The reason for this is not quite clear—is the lack of sustained interest in his patient on the part of the student the cause or result of the present system?

There seems to be evidence of a vicious circle; the present system tends to produce apathy while the apathy which is undoubtedly present makes the authorities disinclined to give the student any responsibility.

It is probable that, if the student were made an integral part of a team, it would give him that sense of responsibility which at present is lacking, and he would respond to the confidence placed in him.

"The edifice of medicine repose entirely on facts, and truth cannot be elicited except from those facts which have been well and completely observed. To get an accurate knowledge of any disease, it is necessary to study a large series of cases, and to go into all the particulars; the conditions under which it is met, the subjects specially liable, the various symptoms, the pathologic changes and the effect of drugs."

"In what may be called the natural method of teaching, the student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end. The student starts, in fact, as a practitioner, as an observer of disordered machines with the structure and orderly functions of which he is perfectly familiar. Teach him how to observe; give him plenty of facts to be observed, and the lessons will come out of the facts themselves. For the junior student in medicine and surgery, it is a safe rule to have no teaching without a patient for a text, and the best teaching is that taught by the patient himself. The whole art of medicine is in observation, as the old motto goes, but to educate the eye to see, the ear to hear, and the finger to feel, takes time, and to make a beginning, to start a man on the right path is all we can do. We expect too much of the student and we try to teach him too much. Give him good methods and a proper point of view, and all other things will be added as experience grows."—Louis.

THE RESIDENT MEDICAL OFFICER AND THE HOSPITAL.

KENNETH F. MILLS

It may be of some interest to the readers of this journal to have put before them some account of the place of the Resident Medical Officer in a large teaching hospital, such as the Johannesburg Hospital, and some of the administrative responsibilities he or she may have to face.

Appointments to the resident medical staff of a teaching hospital differ from such appointments at non-teaching institutions by reason of the fact that they form an integral and almost essential part of the students' programme of medical education. After graduation the resident continues to work in close association and under the supervision and guidance of the men who have been his teachers, and the experience so gained is of a unique kind and value, and cannot be gained by any other form of medical practice. Non-teaching hospitals cannot in the nature of things possess the diversity of equipment available to the teaching hospital; while the members of the honorary medical staff of the teaching hospital, by reason of the fact that the training of students is one of their major duties, are bound to be constantly keeping themselves up to date as regards their profession. The newly-qualified graduate therefore who neglects to avail himself of the opportunity of a year's housemanship at a teaching hospital is guilty of "spoiling his ship for a hap'orth of tar."

Like all other good things in this world, however, the benefit to be obtained from them is proportionate to the efforts made in obtaining and cultivating them. The man who regards a housemanship at his teaching hospital merely as a convenience for himself while he is looking out for a more lucrative post elsewhere had far better not apply. He is unfair to the hospital, his fellow-students and himself. Unfair to the hospital, because having allied itself to a medical school, it limits its choice of housemen to the graduates of one school, and in return for this concession is entitled to expect that the school will provide from its graduates housemen of reasonable ability and keenness; unfair to his fellow-students because, by accepting a position in such circumstances, he is depriving others of opportunities which they would value more and from which they would derive greater benefit; and unfair to himself because if filling in time is his only object he would do better financially and learn more of his trade (I use the word advisedly) by doing locums for general practitioners. Also, having obtained his housemanship,
if he is to get from it the maximum benefit, he must make it, for the time, the big thing in his life. He must be proud that he is now a houseman in his teaching hospital, and resolve to make every effort to avail himself of all the opportunities it offers him of acquiring knowledge of his profession, and training his sense of tact and diplomacy handling the many delicate situations in which he finds himself in his complicated relationship with patients, nurses, his chiefs, the hospital administrative staff, and members of the general public. This, however, is not done by strolling round the wards and then spending the rest of the day having a protracted morning tea. There is no place in hospital for the lazy houseman—he will merely be shunted on to a siding and ignored. The worker, however, who will use his brains, is assured of experience which will enrich and colour his whole life, and the glory of achievement, the knowledge of good worth-while work well done, the confidence of his fellow-workers, and the kindly and comradely approbation of his chiefs will reward him and help him to eke out the meagre monetary reward which will be his due.

This may all seem very idealistic, but without ideals to follow and enthusiasm to spur on the follower nothing great was ever accomplished; and the accomplishment of a successful housemanship—successful in the widest sense—is by no means a bad ideal when regarded as the culmination of the long and strenuous climb up the mountain of medical education, and as a training for the still more arduous ascent up the precipitous slopes of professional practice.

The relations between the houseman and the other people with whom he is associated in the hospital, and his position in the scheme of things will now be considered. His primary duty is, of course, to look after the patients of his chief, the physician or surgeon to whom he is attached, to carry out the orders of his chief in regard to their medical treatment and to look after them in his absence. In matters of this nature he is directly responsible to his chief, or to such assistant members of the honorary visiting staff who may be acting for him. Not much need be said on this aspect, for the houseman will have already learned during his student days to respect and obey his chief as his teacher.

There are, however, many other of the houseman’s duties in relation to which he is responsible not to his chief but to the administration of the hospital. He must remember that he is appointed houseman not by his chief or by the Visiting Staff, but by the Hospital Board, who are the final governing authority in the hospital. The chief executive officer of the Board is the Superintendent, who is responsible to the Board for the government of the hospital and its administration generally, and it is to him, through the Assistant Superintendent, that the resident medical staff are responsible in all matters relating to the administration of the hospital which concern themselves. The resident medical staff collectively and from the point of view of administration represent a department of which the Assistant Superintendent (though no longer an actual resident member of this staff) is the head. Some of the duties in respect of which housemen are responsible to him will be considered below.

The houseman’s relationship with the nursing staff is a matter which needs some consideration. The nursing of patients is, from the point of view of the hospital, as important or nearly so, as their medical attention, and it is a continuous process and is highly organised. For this purpose patients are grouped into wards, and in charge of each ward, and responsible for the nursing of the patients therein, is a nursing sister. The sister is helped in her task by one or more trained nurses, known as staff nurses, and several probationers who are student nurses in training. The head of the nursing staff is the Matron, to whom the sister is directly responsible, not only for the nursing of the patients in the ward, but also for the practical training of the probationers. The Matron in her turn is responsible to the Superintendent, and so to the Hospital Board.

The sister in charge of a ward is therefore a person of some importance, and as she is a member of the permanent staff of the hospital, she may be, and often is, a woman of very great experience. Her training, if not so lengthy, is built up on the same scientific lines as that of the medical man, and if she be a woman of intelligence and shrewd observation, her opinions in matters affecting her profession will be, and usually are, worthy of respect. Now in so far as the houseman represents his chief in his absence and has medical charge of his patients, the ward sister is, in respect of the hospital organisation, subordinate to him, though she may be very much his superior in actual practical knowledge and experience; and it is clear that in this regard delicate situations must arise which require much tact in the handling. To take an analogy from another sphere of life, a young officer, newly commissioned, placed in command of a platoon of soldiers with experienced N.C.O.’s will not achieve much by merely insisting on the deference due to his rank. If he has no more in him than that, it is the sergeant who will be the real commander of the platoon. It is for him to earn the
respect and affection of both his N.C.O.'s and men by his application of common sense and knowledge, by his thoughtfulness, his courage and his industry, in short, by his qualities of leadership. The problem, as it sometimes is, of houseman and sister is a similar one, and no amount of standing on his dignity will secure to the houseman the co-operation of the sister which is essential if he is to give his patients the benefit of his own particular talents and skill. The houseman who is too proud—and pig-headed—to carry a screen, but always insists on a probationer coming from the other end of the ward to do it for him, will not earn a ready or enthusiastic response from the nursing staff to his pet ideas on diet; and the man who pedantically and unnecessarily upsets his ward sister's quite sound ideas on the management of his patients' bowels, by ordering all sorts of new and unexpected aperients, must not be surprised if he is frequently wakened at 2 a.m. by the night porter with a note requiring him to come immediately to ward so-and-so in order to write a dose of castor oil for one patient or a sleeping draught for another. On the other hand, the houseman who knows his job, but who also knows his limitations, who is prepared to learn from the ward sister something of the mysteries of her craft—a knowledge by-the-way which is ordinarily withheld from students in the medical curriculum—who has a sense of proportion and a sense of humour, and can distinguish the essential from the spurious, and insist on the one and discard the other, who is courteous in his dealings with all, industrious, and single hearted with regard to the interests of his patients, such a one will earn respect from all with whom he has to deal, and the harmony which will result from his right relationship with his ward sister and her nurses cannot but re-act beneficially on the efficiency of his work in that ward.

With regard to the general administrative staff, the houseman has frequent contact of not a very intimate nature. In all such dealings the watchword is courtesy. The resident medical officer has to be approached by all sorts of members of the staff many times a day; by the staff of the receiving office in connection with patients' particulars; by the dispensary staff in connection with prescriptions; by messengers and porters on various errands; by the telephonists through the medium of that often irritating instrument the telephone, and by many others. Prompt and polite attention to all these matters is what is required. The porter who wakes the houseman at nights with a note from the night-sister does not do it for fun, and a string of abuse from the resident...
life, will greatly resent being kept waiting or being merely told to wait, and not unreasonably so. If, however, the reason for the delay is tactfully explained to him, and steps are taken to make him comfortable in the meanwhile, he will in all probability be satisfied; if not, it is certain that he will talk about his experience and so damage the reputation of the hospital. It is better, however, to organise things so that delay does not occur, and often this can be done. Instances of this type of thing might be multiplied indefinitely, but the important point is that the houseman must be continually on the alert to foresee and obviate causes of complaint as to the efficiency of the hospital service to the public.

While on the topic of relations with the public, mention should be made of the medical practitioner who is not on the hospital staff. Contact has frequently to be made between these ladies and gentlemen and members of the resident medical staff, and in such contacts housemen should always seek to ensure that the relationship is one of co-operation with a professional colleague to further the best interests of the patient. In this connection they should not forget that the best interest of the patient on his discharge is served by giving the practitioner who will look after him a little accurate information on what has been done for him in hospital. It must be admitted that the mechanism for this has not been fully developed by the hospital administration, and this is a point which might with advantage be investigated.

Some consideration will now be given to a few of the administrative responsibilities of the houseman. They are laid down fairly fully in the hospital regulations with regard to Resident Medical Officers, but it is thought that the importance of some of them is not fully appreciated.

It is most important that residents should keep the office informed as to their whereabouts, especially when on intake duty; and if they do go out they must not only arrange for someone to do their work, but see that the office is cognisant of the arrangements. By office is meant the receiving office, which being open all day and night is the most convenient administrative centre for this purpose. How often has the reputation of the hospital suffered because Dr. X. cannot be found, and so Mr. Y., who has urgent and important business, has to wait? And if Dr. X. has gone out, why has he not deputised Dr. Z. to act for him and notified the office accordingly so that the important work of the hospital need not be held up?

The compiling of accurate clinical records is another big responsibility of the houseman; the lack of which is too often realised long after the resident concerned has left the service of the hospital, when information is urgently required concerning a patient who has been treated months before. It may be of the utmost importance to establish the fact that a patient was unconscious on admission to hospital, or that his appendix was or was not removed; and the accurate recording by the resident medical officer of his observations at the time when they are made is the only way in which this responsibility can be met. A little self examination each evening on the part of residents as to the way they have carried out this duty might be surprisingly revealing, and if amendment of life were to follow examination the hospital records might become something to be proud of, instead of, as they are in fact, a disgrace.

The issue of death certificates is another matter on which there is at times some uncertainty. It is the duty of any medical man who attends a patient to issue, in the event of death, a certificate in the prescribed form stating the cause of such death to the best of his knowledge and belief; and in hospital, this duty devolves upon the resident medical officer. In this connection two points must be made. Firstly, the certificate must be completed promptly. Relatives are often anxious to proceed with the funeral arrangements and the fact that the hospital holds a post-mortem examination in the cause of scientific research must not be allowed to hold up the issue of the certificate and so delay the funeral; and the houseman must see to it that as soon as the post-mortem is over the death certificate is signed. Secondly, in cases where there is reason to suspect that the death is not due to natural causes, the body has to be sent to the Government mortuary for an investigation by the Government pathologist. It is the duty of the houseman concerned, and not the Receiving Office Clerks, to see that this is done, and also to see that the Government pathologist is supplied with all available information. The Government supply a form for the purpose which the houseman must fill up, and in this as in all other such matters immediate attention is required.

Certificates of illness or inability to work should always be issued by residents on request to patients under their care, and should state quite simply the dates of attendance, the nature of the illness or disability, and when it is likely that the patient may be able to resume work. Housemen are entitled to no fee in respect of such certificates. Reports for the purpose of litigation or insurance are in another category. Here the doctor is asked to express a professional
opinion which he may later have to sustain in a Court of Law, and the issue of such is not properly a function of the hospital. A resident may be asked by a patient or his legal representative to issue such a report, and he may do so and name his own conditions for doing so; but he should never do so without reference to and discussion with his chief.

Finally, in all his actions and throughout his hospital life, the houseman must never forget that he is a graduate member of an honourable profession, and so conduct himself that he commands respect both for his own person and the profession to which he belongs. If he will but carry out his duties in conformity with the standards expected of him as a member of his profession—standards of industry, courtesy, sympathy, knowledge and respect for his fellowmen—he will not go far wrong as a resident medical officer, and will do much to enhance the reputation of his hospital.

THE HEALTH OF THE BANTU PEOPLE: IMPRESSIONS* AT THE N.U.S.A.S. CONFERENCE.

RALPH E. BERNSTEIN.

At the second N.U.S.A.S. Conference, held in Johannesburg during the first week of July, the Health Section presented a series of papers giving a fairly comprehensive survey of the conditions of health prevailing amongst the Bantu at the present time. Practically every speaker described the steady deterioration in the physique, nutrition and health of the Bantu, and the discussion centred around a consideration of the methods desirable to improve health conditions among the Bantu masses.

Bantu Health Before European Colonisation.

Prior to European settlement in South Africa, the Bantu lived a healthy outdoor pastoral life. They had sufficient land for their needs, food was plentiful and varied, their warlike nature endowed them with a natural physique, which combined with their philosophy of an easy-going life, rendered them liable to few serious diseases. While our sources of information on the extent of disease prior to European penetration is scanty, it would appear that such diseases as tuberculosis, syphilis and gonorrhoea, malnutrition and undernutrition were uncommon if not completely unknown. On the other hand, parasitic infections, such as bilharzia, malaria, sleeping sickness, and worm infestations seem to have been fairly prevalent. Further, the Bantu practised a policy of "the survival of the fittest," the old and sick were soon killed off or left to die. (Papers read by Miss D. Chisholm and Mr. J. Katz, U.W.M.S.)

Clash of Black and White in South Africa.

With the coming of the European, the social and economic structure of Bantu life underwent a profound change. The appropriation of land by the European left insufficient arable land for the Bantu people, and resulted in a drift to the towns where they became unskilled industrial workers or entered domestic service. The changing conditions, overcrowding, ruthless European domination, artificial values of primary commodities, housing, etc., and the inability to adapt their concepts to new ideas, turned the Bantu people from a self-sufficient economic unit into one of utter dependence upon the European. Their impoverishment, together with their lack of natural immunity to diseases introduced by the advent of the white man, had a decidedly ill effect on the health and physique of the Bantu community. (Papers read by C. Mersky and N. Bailey, U.C.T.)

Present Health Conditions Amongst the Bantu.

Within recent years the health deterioration of the Bantu peoples has attracted considerable attention from the public authorities and those interested in the welfare of the native (L. Miller, U.C.T.). It is difficult to ascertain whether disease is more prevalent in the rural areas or in the urban zones. In the towns there is a high incidence of tuberculosis, venereal disease, dental disease, while the infantile mortality rate reaches incredible figures, some 400 to 650 deaths per 1,000 births. In the native reserves tuberculosis, typhoid, malaria and malnutrition and undernutrition are rife, while the picture is complicated by the fact that the sick or dying native usually comes home to his kraal to spend his last days there.

The poor economic position of the Bantu has had important effects on the diet and housing (R. Polakow, U.W.M.S.). The Bantu national diet has become inadequate and deficient in many of the dietary essentials, with its attendant evil effect on the physique, nutrition and health of the people. The manifestations of undernutrition and faulty nutrition (scurvy, pellagra, xerophthalmia and nutritional oedemas) are rife in the territories especially in times of drought. The poor condition of the mother and the incorrect feeding of the child would seem to play a

* A selection of the papers read before the various sections at Conference will be published shortly in the N.U.S.A.S. Magazine. This article is not a verbatim report of the papers that were read, but represents rather the general lines along which discussion took place.