

PART IV.—HOSPITALS.

Since my appointment as Director of the Division of Hospitals, in August, 1929, many of the hospitals of the Dominion have been visited. Generally speaking, our hospitals maintain a high standard of efficiency; both professional and lay staff exert their utmost endeavours towards maintaining this standard. In some instances, however, one finds that without in any degree lowering the standard of efficiency more economy might be exercised. It will be endeavoured to indicate in the future, as in the past, during the course of inspections where and how these economies can best be effected. That "economy" is not always one of the watchwords of a Hospital Board was amply indicated as the result of an inquiry which was held in connection with certain matters of expenditure of the Grey River Hospital Board. Here it was found that the expenditure on certain items was obviously far beyond the requirements of the Board's institution. It was found, for instance, that the purchase of alcoholic liquor in comparison with the amount used in the hospital was several hundred per cent. in excess. At the same time the control of the issue of this item was so lax that the hospital authorities could not in any way account for the great discrepancy. Again, not only were the purchases of drugs and surgical dressing greatly in excess of the requirements of the hospital, but the drug bill was further unnecessarily increased by the excessive purchase of expensive proprietary lines which in general have no advantage over standard official preparations. In order to assist to improve the administration, several recommendations were placed before the Board for adoption. With the exception of one, all of the recommendations were adopted. Unfortunately, the one the Board refused to adopt was considered to be the most important. Its adoption involved dismissal of the officer responsible for the maladministration, and this the Board refused to do. As the departmental legal authority in this respect is very limited, it can only be hoped that subsequent inspections of this hospital will show that the Medical Superintendent realizes his responsibility for the economic running of the institution. This is not the only hospital in which the drug bill is unnecessarily increased by the purchase and use of proprietary medicines in preference to standard official preparations.

HOSPITAL POLICY.

Medical Staffing.

In March, 1930, an important conference *re* the medical staffing of public hospitals was held. This conference was attended by representatives of the British Medical Association, the Hospital Boards Association, and the Department of Health. After complete discussion the following resolutions were adopted:—

- (1) That all members of the community requiring treatment in hospital be eligible for admission to public hospitals.
- (2) That patients in public hospitals who need, because of the nature of their illness, accommodation other than in the larger wards shall be provided for by an adequate number of one- to four-bedded wards.
- (3) That patients voluntarily availing themselves of such special accommodation shall pay the full cost of maintenance, including overhead expenses, provided that no distinction is made in the case of patients unable to pay.
- (4) That the medical attendance on patients be in the hands of a visiting staff, with the assistance of a requisite number of resident medical officers.
- (5) That each Hospital Board must determine the number of the visiting staff, but it be recommended that in arriving at a decision the Board shall, consistent with the convenience and smooth running of the institution, appoint as many of the medical practitioners residing in the district as possible.
- (6) Subject to the approval of the Board, that the right of attending their own patients admitted under resolution (3) be extended to all practitioners except such as may for special reasons be deemed unsuitable.
- (7) That in making appointments to the visiting staff and in determining the suitability or otherwise of practitioners for the privilege of attendance on patients the Hospital Board should be guided by the advice of a special consultative body, or, in the case of the smaller hospital districts, by the advice of the Director-General of Health.
- (8) That such special consultative body comprise the consulting staff, if any, of the hospital, or in other cases should comprise the senior members of the medical profession of the district, selected by the Hospital Board with the approval of the Director-General.
- (9) Patients unable to pay the ordinary hospital fees shall be attended by the visiting medical staff in an honorary capacity.
- (10) Patients entering the hospital able to pay for medical attendance in addition to maintenance fees shall make their own terms with their medical attendant, who will be responsible for collection of his own fees.

I do not propose to offer any comment on these various resolutions except to say that it will be obvious that their adoption involves very radical departures from the present practice, but the primary consideration will be, as always, the medical needs of the patients.