Dear Editor

Audit of procedures related to outcome of chest clinic consultation

This article by Wilkinson and Leitch (1) will no doubt be welcomed by hospital trust managers. However, if it were used to induce medical staff in chest clinics to follow the example of Consultant H, it could have serious implications for patient care.

Consultant H carried out the smallest number of 'additional investigations', followed up the lowest percentage of new patients and wrote the shortest letters. Consultant A, whose record in those three respects the authors tacitly condemn, may be overzealous and prodigal of resources, but these faults pale into insignificance against the arrogant and potentially dangerous cost-cutting proclivities of Consultant H.

According to Table 1 of Wilkinson and Leitch, that consultant carried out 'additional investigations' on only eight of his 82 patients. It is scarcely conceivable that there was no indication in any of the other 74 patients for even one of these so-called 'additional' investigations, which include some as potentially important in respiratory disease as full blood counts, arterial blood gas measurements and bacteriological examination of sputum and laryngeal swabs. The same consultant's follow-up rate of 45% means that 45 of his 82 new patients were not seen by him again. That again is surprising for a specialty in which the most common presenting features are haemoptysis, chest pain, a radiographic opacity which might be pneumonic, tuberculous or malignant, and poorly controlled asthma, in all of which at least one return visit is virtually essential. Consultant H may, of course, have been able to reduce his follow-up rate considerably by merely sending general practitioners his recommendations on the treatment of patients with asthma and not arranging to see them again, but by so doing he will never be aware of the outcome of his advice.

The mean length of Consultant H's letters, translated into a comprehensible form, was a mere 13 lines. That is meagre enough, but a letter of only four lines (the length of his shortest letter) in response to a general practitioner's request for a consultant opinion cannot have been other than inadequate, to put it mildly.

Consultant H's cavalier and hard-line philosophy may have been acceptable to some general practitioners, but it would have been interesting to discover if his patients, had they been aware of the clinical implications of his cost-cutting policy, would have declared themselves satisfied with the care they received.

The authors' conclusion was that 'considerable potential exists for savings of laboratory, clinic and secretarial time and costs by reducing investigation and follow-up rates and writing shorter letters to general practitioners'. To that should have been added the caveat: 'but every precaution must be taken to ensure that the effect of such savings is not to diminish or endanger patient care'.

I. W. B. Grant
By Pitlochry, Perthshire, U.K.
5 December 1994

Reference

Reply to Dr Grant

I am pleased that our article has diverted my friend Ian Grant from his more usual and less academic activity of writing letters to The Scotsman. Many of his letters to The Scotsman are concerned with recent changes in the NHS and the impact of these changes on service provision and patient care. I always agree with him, for he is a man of great common sense. That common sense will allow him to appreciate, as Consultant H tells me, that more investigations in chest clinics are carried out for no obvious reason and that, not unsurprisingly, they have no influence on decisions relating to diagnosis or management. Occasionally, I am told, investigations can even distort perfectly clear clinical diagnoses leading to the phenomenon of 'investigating investigations'. I know my friend Ian Grant would never allow this to happen in his own practice and I am sure that as a Scot he should be chuckling at the thought of secondary financial savings from the primary application of common sense — or so my friend H tells me.

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12 January 1995

PS:-Any similarities between the length of this and Consultant H's letters is purely coincidental.