

# From the Editor

## Coordinating medical care

This month's journal carries two editorials on continuity of care from the onset of symptoms in the community right through to the tertiary specialised units for treatment of the most complex problems. Each transfer requires communication of information and perhaps with the London Olympics in mind this is often portrayed using a sporting analogy invoking terms such as 'passing the baton' – a skill achieved at speed by highly trained professionals with a well-defined single item for transfer.<sup>1</sup> In the medical setting what may start as a simple data set of symptoms often rapidly expands to include other clinical problems – abnormal findings on examination, social and personal issues and the results from a wide range of investigations. This complex 'baton' of information has to be passed on at every medical or nursing shift change or transfer to a different ward or team. Within the context of 60 or even 80 acute medical admissions a day perhaps a never-ending marathon would be a more appropriate term for this process.

The first editorial explores how the provision of care closer to home will provide a challenging new role for the physician.<sup>1</sup> Communication across new boundaries will be required although some groups, such as those working in geriatric medicine, already have considerable experience in this area and much to teach us. The second explores the interface between the emerging specialty of acute medicine and disease-specific specialists.<sup>2</sup> It is, of course, easier to define the problem than produce ready solutions.

Potential solutions to these common and challenging dilemmas centre on the accurate recording of information and ease of access to it by the personnel involved. There has been a tendency to stand on the sidelines with a degree of scepticism as the IT strategy for the NHS evolves but evidence is emerging of progress for the provision of computer-based data which can enhance the efficiency of transfer of care. More of the evidence of progress can be found in the next issue of the journal.

## References

- 1 Patterson LJ. Care closer to home – a changing role for physicians? *Clin Med* 2010;10:4–5.
- 2 Almond S. The interface between general and specialty medicine. *Clin Med* 2010;10:6–7.

## Oral feeding difficulties and dilemmas – A working party report

This report<sup>1</sup> is concerned with the practical care of those patients with oral feeding difficulties particularly towards the end of life. The working party was co-chaired by Dr Rodney Burnham and Prof John Saunders with membership drawn from a wide range of experts in the field.

The report provides authoritative advice for medical and other health professionals in all aspects of this challenging area of clinical medicine. In addition to the practical aspects of delivering oral and artificial nutrition, the report also considers the all important legal and ethical issues.

Clear advice is provided for the care of those patients with oral feeding difficulties who deserve special care tailored to their individual requirements. This report should ensure that all those concerned with their care will be better able to deliver those needs. The advice has been endorsed by a wide range of relevant Royal Colleges and specialist societies.

This working party report was published by the RCP in January 2010. For further details please see <http://www.rcplondon.ac.uk/pubs/brochure.aspx?e=295>

## Reference

- 1 Royal College of Physicians and British Society of Gastroenterology. *Oral feeding difficulties and dilemmas: A guide to practical care, particularly towards the end of life*. Report of a working party. London: Royal College of Physicians, 2010.

**ROBERT ALLAN**

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