

## From the editor

### And the patients that they serve

That Sunday morning the BBC news bulletin was followed by a review of the papers and then morning worship, led by Leslie John Griffiths, the Methodist minister and life peer. He was speaking on the first Sunday of the year from the Wesleyan Chapel in the City of London built by John Wesley, the founder of Methodism, which opened in 1778. The chapel is part of a complex of Georgian and Victorian buildings which includes John Wesley's house and a museum. This was Covenant Sunday, the annual occasion when Methodists across the world renew their vows. After a 'tour' of the chapel, house and study, listeners were reminded that this was also the first anniversary of the Haiti earthquake disaster. Both elements were interwoven for the remainder of the broadcast.

A US pastor visiting Haiti when disaster struck recounted his experiences. He was buried and confined for several days in a small space in the basement of his hotel along with four colleagues, two of whom were pinned down by their lower limbs. They soon realised that moving the accumulated five floors of rubble by hand was impossible and that they simply had to wait to be rescued. He recounted the harrowing time during which they comforted their two injured colleagues as best they could until they died.

This was followed by a talk from a pastor from Haiti on a short visit to England. In a typically engaging French Creole accent he led prayers 'for the medical profession and the patients that they serve'. It was a vivid reminder of the recent proposals for the health service which include 'patient-centred care' but has this not been the focus of medical care for centuries?

Thoughts of Haiti and John Wesley were superseded by reflection on the numerous examples that all doctors can recall of devoted service to patients. Our single-handed cardiothoracic surgeon in the early years of cardiac bypass surgery was always available to see patients whoever telephoned him and regardless of their seniority, even though the call might have been preceded by countless hours in the operating theatre. It only emerged much later that he was also providing the same level of service to his patients at the children's hospital.

In south Warwickshire, during my appointment as resident medical officer, there were only three consultant physicians

responsible for the three district hospitals in the area. After a domiciliary visit, the consultant would often arrive at the hospital to discuss the problem with the team well before the ambulance had arrived with the patient. There was only one consultant paediatrician in the same hospital group providing all the services for babies and children with extraordinary commitment and devotion. He always seemed to be available and on duty.

Service to patients is a central feature for everyone both past and present. We are now only too familiar with the young doctors working the night shift in the accident and emergency department with hardly a break until the next morning when the pile of notes of those patients waiting to be seen is just as high and only the names are different. Our radiology consultants who were 'on call' for imaging over Christmas and New Year actually spent most of the time working in the hospital. Indeed service to patients is at the centre of every aspect of the intense and demanding work in acute medicine, which is provided 24 hours a day, seven days a week to which must be added every patient-centred ward round and outpatient session.

All physicians are in favour of 'patient-centred care' but must just wish that politicians stop promoting it as a novel idea and a potential salvation for the NHS. It has been happening as a central feature of the doctor–patient relationship for many years and long may it continue.

### Continuing medical education

The continuing medical education (CME) series has been a feature of *Clinical Medicine* for more than 15 years in which all the medical specialties are updated over a six-year cycle. The self-assessment questions (SAQs) can be answered online with the award of continuing professional development (CPD) credits for correct answers. The questions were originally in the 'true or false' format and now, in line with question setting for the MRCP examination, they have followed the 'best of five' style.

Our experienced contributors are not necessarily experts in question setting so recently we have enlisted the help of those who have been trained in question setting for the speciality certificate examinations. However, we have found, as in other walks

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of life, that training is not the same as long experience. The questions linked to the current CME series were not deemed of sufficient quality for publication and have therefore been omitted for which we apologise. Potential solutions to this dilemma include setting questions in the specialty which are not

directly related to the specific contributions or attracting the help of experienced question setters. Other constructive suggestions would be welcome.

Robert Allan

## EDITORIALS

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# A call to action

Steven Weinberger, Eric Holmboe, Michael Cheshire and Jane Ingham

Despite remarkable medical and technical advances in healthcare, there is evidence that delivery and quality of care are below the highest standards.<sup>1,2</sup>

Leaders from the American Board of Internal Medicine (ABIM), the American College of Physicians (ACP) and the Royal College of Physicians (RCP) in the UK, with experts from the disciplines of quality and safety, met in September 2009 to discuss the challenges of improving quality of healthcare in both countries.

Participants agreed on common areas of challenge:

- the need for greater transparency of information for the public about the performance of health services
- urgent attention to healthcare costs and the efficient use of resources
- renewed attention to helping individuals stay well
- the promotion of healthy populations
- system alignment, especially between financial incentives and professional standards and values
- quality improvement as a core value of professionalism in order to motivate and drive progress<sup>3,4</sup>
- greater involvement of physicians in interdisciplinary teamwork.<sup>5</sup>

A *Call to action* was discussed with leaders of medical societies from around the world during an International Forum held at the ACP's annual meeting in Toronto in April 2010. Society leaders from 17 additional countries spread over six continents expressed interest in joining a multinational effort focused on improving quality of care.

Four areas in need of urgent attention were identified:

- 1 physician leadership<sup>6</sup>

- 2 effective engagement with patients
- 3 interdisciplinary teams
- 4 measuring performance.<sup>4,7</sup>

Physicians are a positive force for change and as part of the commitment to the *Call to action*, the ABIM, ACP and RCP will collaborate to advance change throughout a physician's career from medical school through clinical practice, and over the next year develop a programme of work to support this commitment based upon shared learning, dissemination of tools and resources and collaboration on quality improvement projects. Finally, we will work to engage medical organisations from other nations to broaden this effort into a worldwide initiative.

## References

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