

# letters

## TO THE EDITOR

Please submit letters for the Editor's consideration within three weeks of receipt of the Journal. Letters should ideally be limited to 350 words, and can be submitted on disk or sent by e-mail to: Thomas.Allum@rcplondon.ac.uk.

### Managing medical emergency admissions

Editor – Mary Armitage and Tanzeem Raza (*Clin Med* July/August 2002, pp331–3) should be congratulated on the success of the Bournemouth model for medical emergency care. We have taken a different approach to the same problems with equally impressive results.

When we opened our Emergency Medical Assessment Unit (EMAU) we opted to increase the numbers of general physicians (from 7.5 to 10 whole-time equivalents), and implement a Physician of the Week (POW) system. The POW cancels all other commitments and leads twice daily ward rounds (weekends included) on the EMAU. Patients remain his responsibility when they are on the unit, but pass to the care of colleagues when they move to the wards. We are supported by nurses with enhanced roles and increased clerical, social work and therapy staff.

The unit consistently discharges 40% of patients with 3% readmissions within a month, irrespective of which consultant is POW. The system is popular with management, nurses, GPs, junior doctors, patients and most, but not all, consultants. Most of us enjoy doing more 'hands on' clinical medicine and bedside teaching, which is more satisfying than going to endless meetings! Patients are almost certainly getting better care since they are seen early and frequently by a senior physician.

There is, of course, a down side. The

POW effectively works long week days and full weekends, and routine commitments often simply have to be picked up again the following week. Some consultants (and we suspect some GPs), feel that the pressure to discharge is too great and others find that a full week on call is onerous. We also underestimated the need for a consultant to take a lead administrative role in development of the EMAU; this has become an unpaid additional chore for one of us.

There are several reasons why we believe our system has succeeded. Firstly, all our physicians, even the sceptical, have been committed to making it work. Secondly, it seems suited to our size and circumstances; we currently admit 20–25 patients per day but it might not work so well if we had much busier takes. Thirdly, the high profile presence of the consultant on the EMAU seems important, in particular the continuity provided by having the same consultant for the whole week.

We do not claim that this model will work for everyone but it seems to work for us and should be considered as one way of developing efficient, high quality acute medical care.

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### Shakespeare the Physician

Editor – For readers whose interest was aroused by Adam Stones' vignette (*Clin Med* September/October 2002, p464) there is a wealth of published material on medical references in the works of Shakespeare<sup>1–4</sup>, his contemporaries<sup>5</sup> and those of earlier dramatists and writers<sup>6</sup>.

#### References

- 1 Thomson St.C. Shakespeare and medicine. *Transactions of the Medical Society of London*. 1916;39:257–325.
- 2 Simpson RR. *Shakespeare and medicine*. Edinburgh and London: E & S Livingstone Ltd, 1959.
- 3 Adams JC. *Shakespeare's physic*. London: RSM Press, 1989.
- 4 Hoeniger FD. *Medicine and Shakespeare in the English Renaissance*. London and Toronto: Associated University Presses, 1992.
- 5 Silvette H. *The doctor on the stage: medicine and medical men in seventeenth century England*. University of Tennessee Press, 1967.

- 6 Ussery HE. *Chaucer's Physician: Medicine and Literature in Fourteenth Century England*. New Orleans: Turane University Press, 1971.

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See page 538 for *Shakespeare's Doctors*

### Sir Douglas Black (1913–2002)

Editor – I, too mourn the passing of Sir Douglas Black (*Clin Med* September/October 2002, p390). Everyone who knew Douglas has their own favourite anecdote. Mine relates to the time I was Academic Registrar to the Faculty of Occupational Medicine and we were waiting to have the annual official photograph taken in the College with the President. Douglas saw me scanning the portraits on the walls. He turned to me and said 'Malcolm, this is arguably the finest collection of second rate portraits in the world'.

His wit and wisdom are much missed.

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