From the Editor

Clin Med
2004;4:97–98

Outpatient departments: a unique opportunity for understanding illness

Outpatient care represents a major commitment for most consultants. Some eminent physicians have described the outpatient consultation as 'the real medicine'. Dr Alec Cooke, an Oxford physician (1899–1999), wrote:

> *Of all my activities, one that I specially enjoyed was doing outpatients. It was almost the only truly clinical medicine that I did. A patient would complain of certain symptoms, I would take a history, make a physical examination and try to arrive at a diagnosis without any investigations.*[1]

Sir Douglas Black (1913–2002), when President of this College, gave very much the same reasons for his preference for outpatients: 'I always preferred the outpatient clinic to the wards for clinical work … for the satisfaction of the instinct to solve a clinical problem'.[2] And Professor John Malins, a Birmingham physician (1915–1992), always used to remind me that the consultant's key role is in outpatients.

Outpatients is frequently the place where the first assessment and diagnosis are made, and both good and bad news presented to patients. It provides the setting in which doctors, during long-term follow-up, come to understand both their patients and the natural history of their diseases. And it provides a unique environment in which junior doctors and medical students can learn by example from their seniors. It is often under-resourced, sometimes chaotic and, with the rising number of patients with chronic disorders, could be overstretched still further. The time has come to devote better resources to outpatient care, which should no longer be the Cinderella of medical practice.

The concept of outpatient care as we know it probably began at the Hotel Dieu in Paris during the seventeenth century.[3] This College, stimulated by conflict with the apothecaries, followed the example they had set, and for a brief period (1696 to 1725) opened a Dispensary.[4] Thereafter during the eighteenth and nineteenth centuries, two types of outpatient institutions developed – the Dispensaries[5] (often for the care of children) and outpatient departments in the voluntary hospitals. Initially, the scale of outpatient attendances was very small, but there was a dramatic rise in numbers around the 1830s, leading to conflict between hospitals and general practitioners. Overcrowding and abuse were recorded in the 1870s, and the casualty physician, Robert Bridges (later poet Laureate), recorded that he had to 'filter' patients at the rate of one every 88 seconds at St Bartholomew's Hospital.[6] A little later, consultation times in London lasted one to three minutes.[3] It was not until the end of the nineteenth century that the gatekeeper principle, requiring referral to outpatients from another doctor, was introduced.

The outpatient consultation is a two-way process in which patients receive advice and doctors begin to learn from patients and understand their diseases, and at the same time discover whether or not their treatments have been successful. Long-term follow-up is the key, enabling physicians to understand the natural history of disease – 'the physician as naturalist' (JA Ryle)[7] – and providing a unique opportunity to understand the person with the illness, by 'capturing individual human lives as they change and as they age, finding some meaning in the random events that happen in them'.[8] The importance of long-term follow-up of some patients, especially those with chronic disorders, cannot be overemphasised, yet often it is not appreciated by managers who prefer to see patients discharged and numbers reduced.

The training given in outpatients provides a unique experience. There junior doctors and medical students work alongside senior colleagues and learn by apprenticeship not only the technical aspects of practice but also, by example, key professional attitudes. Again, a view from Sir Douglas

Black: 'it is important for them [students] to see and hear the consultation in progress… and to hear the preliminary clinical assessment and how this is communicated to the patient'.[2] It was this supportive atmosphere, in which doctors 'strive to be memorable teachers to the next generation', which was so perceptively described in our last issue by a German specialist registrar working in the UK.[9] Professor Peter Richards, writing recently in *The Times*, also expressed his concern that the teaching of these professional skills is increasingly delegated to people who are not practising doctors, observing that good doctors have learnt their skills not only by instruction but also, crucially, by following example.[10]

It is timely, therefore, that, following a Working Party of this College and the NHS Confederation examining outpatient departments, the College has published a booklet entitled *How user friendly is your outpatient department? A guide for improving services*.[11,12] It is a practical guide for NHS health professionals and managers on improving outpatient departments, covering a wide range of subjects, from appointments systems, to waiting areas, to written and verbal communications. It highlights not only the resources needed for the efficient organisation of outpatient clinics, but also the attitudes of all members of staff who by courtesy, friendliness and efficiency should reinforce patient confidence and alleviate their anxieties. Physicians should applaud the booklet's recommendations, even if some of them may seem remote from current reality. The College has also issued guidance on the importance of outpatients as a teaching resource (see website www.rcplondon.ac.uk/pubs/articles/teachinginoutpatients.asp).

Reference

1 Cooke AM. My first 75 years of medicine. London: Royal College of Physicians, 1994:34.
2 Black D. *Recollections and reflections*. Durham: The Memoir Club, 1987:22.
3 Loudon ISL. Historical importance of outpatients. *BMJ* 1978;**1**:974–7.
4 Clark G. *A history of the Royal College of Physicians of London*. Oxford: Clarendon Press, 1966: 445.
5 Sussman MB, Caplan EK, Haug MR, Stern MR. The walking patient: a study in outpatient care. Cleveland, Ohio: The Press of Western Reserve University, 1967:2.
6 Bridges R. *St Bartholomew's Hospital Reports* 1878;**14**:167 (cited in Ref 3).
7 Ryle JA. *The natural history of disease*. Oxford: Oxford University Press, 1936:1–23.
8 Charon R. Medicine, the novel, and the passage of time. *Ann Intern Med* 2000;**132**:63–6.
9 Simmgen M. Why German doctors enjoy British medicine. *Clin Med* 2004;**4**:57–9.
10 Richards P. Letter. Practising doctors are needed to teach students. *The Times*, 8 January 2004.
11 Royal College of Physicians. *How user friendly is your outpatient department? A guide for improving services*. London: RCP, 2004.
12 Dunnill MGS, Pounder RE. Medical outpatients: changes that can benefit patients. *Clin Med* 2004;**4**:45–9.

PETER WATKINS