

—Safeguards Necessary.—

"Quite recently I held an inquest on a case in which it was shown that a resident medical officer at the Hospital had, on the direction of the honorary in charge, assumed the responsibility of dealing with a case that demanded all the skill and wisdom that could be provided by the Hospital. He did it entirely on his own, without reference to the medical superintendent even, and he broke no rule. The honorary surgeon broke no rule. The Adelaide Hospital Board had abolished the rule! Again, if a case like this occurred—a man is assailed by a murderer. He is taken to the Hospital. A surgeon operates on him. A post-mortem examination shows that the man died in consequence of the operation. It also shows that the operation was unnecessary, and that if it had not been performed the man would have lived. The surgeon availed himself of no facilities by way of consulting with any colleagues, making observations, or using apparatus ready to his hand. And he breaks no rule of the Hospital! These conditions arise from putting inexperienced and unskilled persons into responsible positions without the safeguards that are universally acknowledged as being necessary in the interests of patients in hospitals of this sort over the whole civilized world.

—A Term Explained.—

"It may be said that all these people are legally qualified medical practitioners. What follows? What does 'legally qualified' mean? It means that the physician has his name on the medical register of this State. What are his legal privileges in consequence of being registered or legally qualified? Is he privileged to practice medicine and surgery thereby? That the meaning? Certainly not. His registration does not entitle him to practice medicine and surgery. He can do so without being registered, in common with every man and woman in this State. I

is on exactly the same footing as any of you are as a citizen without being registered and without being qualified, and the law treats you, and me, and him alike. It requires, however, that any and all of us who undertake to treat another citizen of the State medically shall show a reasonable amount of skill, and the law will decide in every given case what that reasonable amount is. The trend of the law at the present time is a very interesting study. In America, in various European States, and in England, the law does not require the same amount of skill from all medical practitioners. In one case decided lately it was held that a registered medical practitioner who had been in general practice, even for some years, was not to be expected to be able to put splints properly on a fractured limb. What then are the privileges of a legally qualified medical man in this State? His privileges are to recover fees at law, which he could not do otherwise, to sign certificates of death, of health, and of disinfection; to give evidence in Courts where a medical practitioner's evidence is required, and to receive special fees for such services. But it may be said that the terms of registration imply qualification. In order to be registered a man or woman has to produce evidence of having gone through a five-years' course of instruction. But the degree or diploma he produces does not testify that he possesses any skill or any experience. It does not mention either. For instance, the Adelaide University does not require natural ability on the part of a student before it allows him to enter upon a course of study. It does not undertake to provide such ability for him, nor does it undertake to give him skill and experience. It is careful to refrain from certifying that the graduate possesses any one of those three things. It affords him an opportunity to qualify himself to practice his profession, quite apart from considerations of natural ability, skill, and experience. No one could imagine for a moment that mere registration of his name, or the possession of a diploma by a medical man, is a guarantee of skill, ability, or experience sufficient for the diagnosis and treatment of all sorts of cases, or even of any sort, in such an institution as the Adelaide Hospital.

—Skill and Experience Demanded.—

"And yet that is what the constitution and rules of the Hospital at present in force allow. I think the public are entitled to demand as a matter of a fair bargain or contract that when patients go there they should be treated with the best skill the Hospital can afford, equal at least to the necessities of their case, and that the safeguards that are universally recognised as necessary, and that were abolished with such disastrous results by the board of the time being some nine years ago, should again be imposed. It is useless to imagine that the public, or even the Hospital Board, can long be kept in ignorance of the damage that is done by entrusting or making possible the entrusting of the diagnosis, treatment, and care of serious cases to officers of the institution who

have not the skill and experience necessary, and that are demanded for the protection of life and for the general comfort and cure of the patients. Cases such as I have referred to in which unnecessary operations lead to the death of the patient are to be laid at the door not of the operator, who acted in good faith according to the light he possessed, but at the door of those who have made such acts possible."

—The Verdict.—

The Coroner found that the deceased came to his death at the Adelaide Hospital on April 25 from peritonitis following injuries accidentally received through the breaking of a machine belt on April 22.

*Register, April 20/13*

THE CORONER AND THE HOSPITAL.

In his interesting and elaborate comments on the fatal result of a belting accident at Messrs. Duncan and Fraser's works, the City Coroner on Tuesday made such grave reflections on the capacity and foresight of the Hospital Board that it would not be surprising if public confidence in the Hospital, in relation particularly to the treatment of casualties, were in consequence weakened. Dr. Ramsay Smith is gifted with, among other versatile accomplishments, freedom and clearness of utterance; and, having discovered what he regards as a serious defect in the administration of a great

State institution, he uses trenchant language in exposing it. To do so the more effectively, he gives an insight into conditions affecting the medical profession which to many people will be novel and disconcerting. His observations upon the term "legally qualified," as applied to physicians and surgeons, are distinctly in the nature of warning. Registration is said to be no guarantee of the possession of any skill or experience in either medicine or surgery. It "does not entitle a man to practise. He can do that without being registered, in common with every man and woman in this State. He is on exactly the same footing as any of you are as a citizen, without being registered and without being qualified; and the law treats you, and me, and him alike. It requires, however, that any and all of us who undertake to treat another citizen of the State medically shall show a reasonable amount of skill." One inference from such remarks is that many persons outside the pale of the profession may be more skilful and trustworthy as practitioners than some registered doctors. A lesson deducible from the facts presented is that the profession, in its own interest, should either jealously guard the public against registered incompetents, or take steps to ensure that enrolment in all cases shall be a certificate of the possession of at least an elementary degree of practical efficiency.

The lay public have, rightly or wrongly, imagined that the acquisition of a diploma by a medical man is a guarantee of skill, ability, or experience sufficient—not for the diagnosis and treatment of "all sorts of cases," but at least to enable him to decide what measures ought to be taken in emergencies to save life. In this age of specialization no physician or surgeon would claim to be able to treat "all sorts of cases," when he knows

school, the staff consisted of six honorary surgeons and seven honorary physicians, including specialists, also two resident house surgeons, who were men of experience, and these residents usually remained for a period of years. Even then the honorary surgeons and physicians, as at present, gave their services for the opportunity of learning and studying in order that they might become perfect in the art of their profession. It is useless to expect any one to believe that an honorary surgeon or physician seeks a post out of pure love for the sick poor. I have never yet seen any application for an honorary position in a hospital that has been backed up by any one's testimony to the applicant's charitable virtues or his philanthropic feelings. If there was a fraction of a grain of weight to be attached to such things I am certain that would be put down in the testimonials of application.

—Fresh Men Gaining Experience.—

"By 1889 the position of the Adelaide Hospital had entirely changed. The medical school at the University had been started, and in that year there was an honorary staff of nearly 20 all told. Four residents were appointed. As in other similar hospitals these were there to gain their experience fresh from the medical school. The annual report for 1911 showed that the honorary staff then numbered about 30, and there were seven resident medical officers and a medical superintendent. The Hospital, then, came to be recognised as a school of medical education, as a place where the honorary physicians and surgeons made observations, made experiments—I use the word in no objectionable meaning—gained an insight into work that they could gain in no other way, and at the same time taught the students the elements of their profession, and initiated them into what they would have to practice afterwards.

—Rights of Patients.—

"There is, however, another side of the question. Patients who go to such a hospital, who accept charity, have also to be considered. When they go there they give up certain rights that they would have if they were attended by their own doctor at home. They sacrifice a certain amount of privacy, and submit to examinations they would not be subjected to at home by a private physician. They have no choice of the doctor who shall attend them. They see their relatives only at such hours and on such conditions as are set forth in the rules of the institution, and so on. In order to safeguard the rights of patients, the Adelaide Hospital rules were entirely revised, and stringent laws were made regarding the attendance of honorary surgeons and physicians on cases, regarding consultations and operations, who was to operate, when operations were to be done, what operations were to be done only with consultations of the hospital staff, and then only after a certain consensus of opinion had been arrived at.

—Unwise Alteration of Rules.—

"In order to see that patients suffered in no way from officers who were there to learn as well as to assist, a medical superintendent of high standing and wide experience was engaged as a general supervisor, and his duties were laid down in the rules. It will be obvious that this is really necessary in any public hospital. It will be even more obvious when one considers that any patient who suffers through neglect of any surgeon or physician, nurse, or employe in the institution is absolutely without redress at law on account of such injury. Some years ago it was shown in evidence at inquests that medical officers connected with the Adelaide Hospital were doing operations which they were forbidden to do, and in other cases they were performing operations which they had a right to do, but without complying with the conditions that has been set up as safeguards on the patients' behalf. Juries spoke very plainly on the subject of such transgression of the rules, and such disregard of the rights of patients. The Hospital Board, —I do not say in their wisdom—I am going to use no ambiguous terms—I say in their ignorance, because I am certain that the majority of the members of that board had not the least idea of what they were doing when they dealt with this question in the manner they did. Instead of enforcing the rules and bringing the breakers of them into account, they redrafted the rules in such a way that almost any officer could do almost anything that he liked without any constraint or restraint.