

## Home visits

Fashions tend to spread from country to country. The clothing industry looks to Europe and America when deciding what South African men and women will wear.

In our field we benefit tremendously from overseas expertise, particularly in the discovery of new drugs, and also in certain procedures, for instance angioplasty.

Unfortunately bad practice can also spread. The American industry of suing doctors has got quite out of hand. It is not unusual for a jury to award many millions of dollars in damages to a plaintiff who alleges to have suffered through a doctor's negligence. This has resulted in doctors having to pay sums in the region of \$70 000 a year as a premium for malpractice insurance. Let us hope that we are never forced into a similar situation.

The matter I wish to discuss is the question of house calls. One has heard murmurings that some doctors in the larger centres are no longer paying house calls.

In the larger cities of the USA it is rare for family physicians to do home visits. Their argument is that if a patient is too sick to come to the office, he should be in a hospital where the doctor can examine him more adequately and where facilities exist for special investigations.

I don't believe this is a valid argument at all. It is a rationalisation to suit the doctor and not the patient.

It is true that some years ago we were doing far too many house calls. Parents with a febrile child thought it would harm Baby to take it out of the house. Most of them now realise this is not so, and bring Baby in.

There are, in my opinion, many valid reasons for home visits. I would like to quote two examples from my practice that occurred over the last few weeks.

*A 45-year old woman with very acute low backache suggestive of a prolapsed disc. The pain was too acute for her to walk down the stairs and to be driven to my surgery. She had help at home. Four days of bed rest, taking NSAIDs and analgesics and she was mobile again. This involved 2 house visits as opposed to a week's stay in hospital - certainly cost effective.*

*A night call to a very distressed man suffering the agonies of renal colic. Powerful intravenous analgesics and antispasmodics made him comfortable and next morning he passed the stone. An IVP could be done later. Certainly there was no need for hospitalisation.*

Then there are the calls to people with chest pain. Often one finds that the problem is a simple muscular chest wall pain, and not the myocardial infarct the patient had feared. The American model would have been: Hospital, ECG, chest X ray and various blood examinations.

So much for the practicalities of home visits. There are other benefits as well.

By seeing people in their homes, seeing how they live, one can sometimes get information about them which one cannot glean from an office visit.

Let us hope that the family physicians who do not do house calls are the exception, and the majority will continue to give that service to their patients when it is truly indicated.

*Seymour Dubb*