

Continuity of care saves misery and money

Many of us intuitively feel that continuity of care is right and important. We argue that continuity brings less work and saves time. To form a new relationship requires more time. At a second, and subsequent visit part of the work is already done. When we talk about the therapeutic value of the doctor-patient relationship, we know from experience that this takes time. In advising a person about a chronic disease process or assisting someone through a terminal illness, matters are understood, faced and dealt with in bits and pieces at the appropriate time.

With discontinuity of care it is difficult to know what happened before. A recent study from Dartmouth, USA¹ has measured the outcome of continuity of Outpatient Medical Care in elderly men in a carefully controlled experiment. They give evidence for a significant decrease in emergency admissions and in length of hospital stay for those people who had continuity of care. It shows therefore that elderly patients and their relatives are saved a lot of misery, anxiety and expense to themselves and the taxpayer.

Dietrich and Marton² review the literature on this topic. They summarise findings from various studies to show improved patient and staff

satisfaction, compliance with medication and with appointments. Patients also disclose their behavioural problems more readily. No study has shown any ill effects attributable to continuity of care.

In Southern Africa, there is a lot of hit-and-run medicine. Many of us have structured our work so that continuity of care is not possible. Others are caught up in a cycle of offering a discontinuous service as patients do so much shopping around. We need to take notice of these very important studies that show that good clinical outcomes often need continuity of care. We need to change our own expectations and styles of practice as well as educate our patients about the value of continuity.

True continuity needs adequate organisation and record systems before it can be optimally achieved.

References

1. Wasson JH, *et al.* Continuity of outpatient medical care in elderly men. *JAMA* 1984; 252: 2413-7.
2. Dietrich AJ, Marton KI. Does continuous care from a physician make a difference? *J Fam Pract* 1982; 15: 929-37.