

Hospital Policy.

NZMJ, 1925

Dr. Valintine (Director-General of Hospitals), in a brief address to members of the British Medical Association (New Zealand Branch), at the Annual Conference, 1925, said it was with some diffidence and apprehension that he ventured to speak on the subject of the staffing of our hospitals, but he thought the time was opportune for gathering the opinion of members on the subject. His suggestion was that the honorary staff system should be abolished, and he would recommend the hospital boards throughout the Dominion to introduce a system of stipendiary staffs, composed of medical men who for a limited time would undertake the duties of surgeons and so forth to our hospitals. He felt constrained to speak on this subject now because, in the course of a discussion on the proposed visit of Dr. MacEachern, it had been suggested that our hospital staffing system was not uniform, as in some of the hospitals the honorary staff system obtained, while in others the medical staff were paid. That was in his opinion the only part of the system which showed a want of uniformity. The Department had deliberately up to the present allowed this divergence because it was considered that the time was not opportune to recommend a definite uniform system of staffing throughout New Zealand. Briefly he proposed that in place of the honorary staffs of our large hospitals there should be selected for service for a period of say two years, surgeons and physicians to carry on the work of the hospitals. They would be elected from amongst the medical men practising in the town. Each surgeon would have an assistant who at the end of two years would take on the senior work and so on. Those who had been acting as senior surgeons would be eligible for re-election. A system such as that he thought would meet the needs of the hospital boards. Although it would be too much to expect that all members of the Association would at once welcome so revolutionary a proposal, he felt that on reflection they would consider its reasonableness. He considered the honorary staff system, excellent as it had been in the past, an anachronism, especially in a country like this. He did not see why medical men who devoted their services to the public hospitals should not be paid for their services. The law

governing our hospitals admits to those institutions persons who are in a position to pay ordinary fees, and such being the case medical practitioners should not be expected to attend such people without payment. In conjunction with this system he would strongly urge the establishment of private wards so that people who could afford to pay full fees could go into those wards. Those private wards would be served by any of the medical practitioners in the town, and payment for their services would be a matter between themselves and their patients. But for the ordinary hospital cases—people who could not pay full fees—he would recommend the appointment of stipendiary surgeons, physicians and specialists from the branches of the profession in the town. He would further suggest that the Medical Superintendent should undertake administration work only, and that he should arrange as regards the admission of patients and advise as to the appointment of stipendiary staff. He would be sorry, however, to have stipendiary staffs entirely throughout the hospitals to the entire exclusion of outside medical men, because outside medical men should not be denied the opportunities of the experience that could be gained hospitals and hospitals only. He would like to hear what members thought of the proposal, if not now, at an early date.

In reply to the questions: Dr. Valintine said the surgeons and physicians to the hospitals would be part-time officers. They could go to the hospital, perform operations, and attend to their work, and be paid for it, but they should have nothing to do with the management of their institution. The stipendiary staffs would be elected by the Boards. It would be for the Medical Superintendent to decide as to which patients should go into the private wards and which into the ordinary wards. He could not say whether the Government would have representation on the boards. He had listened with pleasure to Dr. Macdonald Wilson's paper on the subject of hospital administration, and he would welcome control of the hospitals by a board such as the Board of Health which would have some say with regard to the limitation of hospital districts. In 1908 he had managed to induce the Hospitals Conference to agree to the Dominion being divided into 20 hospital districts, but when

the Bill emerged from Parliament there were 37 districts and since then another dozen had been added. This meant a great waste of money. In Taranaki for example there was the New Plymouth hospital, then Stratford, and then another 17 miles or so further on there was the Hawera district where, although there was a population of only 20,000, they were going to spend £90,000 in the erection of a new hospital, and the Department could not stop them. This multiplication of hospital districts was a bar to anything in the nature of effective economy in administration. If the Dominion were divided into 20 districts they could have much better equipped hospitals. There might be more maternity hospitals and some of the general hospitals required enlarging, but no more general hospitals were required. With regard to the appointment of stipendiary staffs there would have to be a sliding scale. He would suggest that a specialist in surgery should be paid at a higher rate than a general practitioner, and the same with regard to a physician. So far as the small hospitals were concerned, they would have to be on an altogether different footing. A suggestion that at Dunedin Hospital the whole of the medical and surgical work should be undertaken by the

university was worthy of consideration. There might be a hospital attached to the medical school for training purposes. The administration only of the hospital would then be left to the boards. With regard to the wards for people who could afford to pay full fees, the Government could hardly be expected to contribute £ for £ subsidy on the capital expenditure on such wards. The money might be raised by private means or by debentures. But on questions of finance he was not an expert and he would prefer that such question should be referred to a financial expert. With regard to the private hospitals now in existence he assumed that they would gradually suffer a process of extinction. Many of the nurses would no doubt be absorbed into the private wards of the enlarged public hospitals. He agreed that those who could not be given employment might be considered entitled to some compensation. There was no intention to have nurses specially appointed for attendance on the paying patients as the ordinary nursing staff would be called upon to do duty in both classes of wards. Private hospitals would not compulsorily be closed, but might gradually disappear to a great extent if they did not satisfy the public demand.