

ARE HOUSE CALLS WORTH SAVING?

Not so long ago medical practitioners regularly made house calls. Indeed, the house call in the dead of night had become a potent symbol of professional dedication. Nowadays, the bulk of medical practice has moved to the surgery or the hospital, and house calls have become a rarity. In 1993, United States doctors made about 727 000 house calls, compared with 177 million office-practice visits. In the same year, Australian GPs rendered 95 million patient services, of which 3.2% were house calls; by 2000 these calls had dropped to 1.9%.

House calls are deemed to be wasteful of doctors' time and poorly rewarded. There are also concerns for practitioner safety and in providing care without the support available in the surgery — such calls can be intimidating.

So, why bother to revive an old-fashioned and inefficient practice?

For elderly patients or those burdened by chronic disease, house calls relieve the stress, discomfort and inconvenience of travel. They allow for exploring the patient's safety and viability within their home, and in some cases reduce the isolation of the house-bound patient. But, more importantly, as noted by Edwin Campion, a US medical commentator: "The power and wizardry of modern medicine are impressive, but there is perhaps nothing that patients appreciate more than a house call. Almost everyone recognizes that ... the physician is going the extra mile..."

It is ironic that house calls are in their death throes when homecare programs are in the ascendancy. For house calls to survive requires advocacy and realistic resource allocation. For, as noted by Campion, "house calls are highly valued by the neediest and frailest of patients. We should find a way to preserve and protect that simple kindness".

Martin B Van Der Weyden

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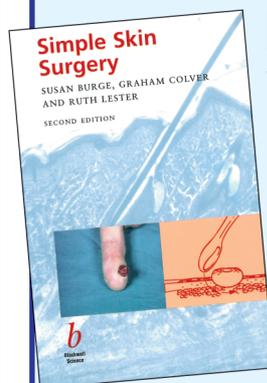
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