

Editorial

Never mind the quality feel the width

Declared beliefs and day-to-day actions are not always congruous. Such incongruity is increasingly becoming evident in commissioners and providers of day surgery. They profess strong support for quality care and hold endless soul-searching and self-gratifying discussions on the subject. Yet in practice they set aside their quasi-religious belief in quality and bow to the forces of Mammon.

Some purchasers are demanding that 100% of certain operations are performed on an ambulatory basis. There is no procedure that can always be undertaken safely as a day case. The evidence is that overall, depending on local demographics, some 15–25% of patients with a condition suitable for day surgery are unsuitable for medical or social reasons. This percentage can be reduced by providing postoperative hotel facilities — rarely funded by purchasers — for those excluded on social grounds. But there remains a percentage of patients unfit for day surgery because of concomitant medical problems. Some purchasers demanding 100% of certain procedures on a day basis allow admission on an individual case basis. Pressure, however, is great not to claim exemptions as they may influence future purchasing.

A few providers of healthcare, responding to purchasers' demands, are also setting aside quality. There are instances where patients are being sent home following general anaesthetic day surgery although they live alone and have no-one at home to care for them. Inpatient beds are being cut to such a degree that those unsuitable for day surgery for a particular condition are having to wait inordinate lengths of time for their operations. This creates a two-tier level of care and pressure to perform day surgery on inappropriate patients. To increase their throughput of day surgery some day units are performing general anaesthetic procedures late in the evening. The evidence that this is as safe as operating during the normal working day is lacking. Inexperienced and unsupervised junior surgeons and anaesthetists are increasingly being drawn to work in day units for the same reason.

Not many years ago, day surgery was not accepted as quality treatment by many health-care purchasers. Now, these same people, realising that it is a cost-effective form of treatment, have developed the fervour of the newly converted for day surgery. There is a grave danger that in their new-found enthusiasm they will ignore the quality issues and checks that have been carefully built up and developed by those doctors who have been involved in this field for many years. If day surgery is to survive as a form of treatment respected and accepted by the population, the quality of care given must in reality remain paramount both with the purchasers and the providers of day surgery. Corners must not be cut to achieve volume and cost savings.

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