



Home Visits

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Opinion

My old GP practice to which I belonged for more than three decades was going to be closed and I had to find a new GP and a new surgery. I contacted the nearest surgery from my home. I phoned the surgery and I spoke to a doctor and requested him to take my wife and me as one of his patients. The first comment he made on hearing my request “that I don’t do home visits!” We are quite mobile people and as yet we have not requested for a home visit at any of the previous surgeries. So the comment that no Home visits are done, although not palatable but was acceptable. I was though quite puzzled by this comment of no home visits.

During my tenure as a GP, for nearly three decades, the Home Visits were the part of the service provided and in fact I loved doing home visits. When the surgery was very busy (non-appointments days – as open surgery), frequently I will send the patient home from the surgery, (especially those who appeared ill and were not able to take their turn) and visit them at their home after the surgery. I recall several times I had to leave the surgery in between seeing patients to do emergency/urgent Home Visits and see the patients and do the necessary. It was not a routine to tell them to dial 999 and order an ambulance. This was the policy of the practice and rigorously persuaded by my partners.

My experience is that “Home Visits” are an “intimate method of knowing a patient and his/her family”. The patient makes you to visit them at Home to witness their financial status, interpersonal relationships with relatives and care-givers, the domestic situation, cleanliness of the home, the availability of food and essential items of day to day living, none of which are easily discernible by or volunteered to the doctor who sees their patient in less familiar and office style surroundings. On a home visit, the doctor is able to judge clinical situations rapidly and accurately without immediate requirement to investigations and have the knowledge and capability to treat most conditions at home while knowing the limits of his capabilities. This strengthens the knowledge of each individual patient’s medical history, also the first hand experience of their living environment and interactions with the carer of the patient. My own experience is that Home Visits develop a degree of intimacy and trusts with patients and their relatives, which would take a far longer time to achieve by seeing the patient in office type surroundings.

Patients also feel, especially the elder populations that Home Visiting a GP would give them more personal attention that they used to receive from their GP, but currently misused, they also think that on a Home Visit, the doctor will have more time and will give them opportunities to talk about their problems and enhancing the doctor/patient relationship.

Considering the present trend of GPs situation by the new contract (no out of hours including weekend and Bank Holiday requirements), I am at a loss to learn that how are we going to give continuity of care to our patients, when we either decline or reluctantly do Home Visits? As I said above, a Home Visit opens new avenues to know about their patients and plan a good management programme, this helps in knowing your patients, their social status and background. This action not only improves the healthy doctor/patient relationship but also enhances the quality of care offered to the patient, a dignity which they deserve.

I recall meeting a neurologist and he commented “How come a GP can make a diagnosis of loss of contractual tension headaches in ten minutes which a neurologist takes sixty minutes of a full consultation.” I replied that for the first fifteen minutes into the consultation, has got to spend catching up on the last 20-30 years of that person that is why the people who have met the person for the first time, really needs a lot of catching up to do, which I have already done.” At home visits, these catching ups are more easily viewed, understood and forms a positive background to patient illness/illnesses.

It is not a self praise but I have done home visits as doctor on call over the weekends, bank holidays, and several times on Christmas Day/Boxing Day and New Year’s Day and I enjoyed these visits immensely. When I was on call over the Christmas Period, there was, not a house where I was not offered a drink, whisky, sherry or even a class of wine). I was not allowed to walk out of their house without accepting their hospitality, and at times even a present, a bottle or a box of chocolates, or a nicely wrapped bottle to express their gratitude. Seeing their own GP, a familiar face, when someone is not well in their house on Christmas or Boxing Day, was a treat to them, and a sense of satisfaction to me.

One thing very educational was the “Domiciliary Visits”. We

GPs used to request a Hospital Consultant to see patients at their home; our Practice is a teaching practice with Trainee GP and medical students from various medical schools in London and Germany. On these DVs, mostly I had medical students with me - two or three at a time. It was such a good learning experience when the consultant will discuss the case and its management, including recent developments and research. During these DVs, I always felt like back to my Medical School Days.

Patient and their carer or neighbours always appreciated these home visits, so readily done by me. Sometimes I will be offered tea/coffee or a cold drink after the visit by the relatives of patients and I confess if was not pressed for time. I will accept these and sit with the family while enjoying the drink. It will give me opportunity to know more about them. I recall a very elderly female patient of mine lived with her sister (another elderly) not far from the surgery premises. They were the most loving sisters, and they liked me very much. They will invariably put a request for home visits for minor problems or at times no problem, just for

a chat. After the visit, one of the sisters will put a half crown coin in my palm and quickly close my hand so I may not return this. This was a sign of their appreciation. Another elderly patient lived in a flat which was on the 8th floor of the block. After the consultation, she will always offer me a small whisky (neat) and order me to drink it, with order it will clear you of your tiredness/irritation (which she noticed on an earlier visit). These minor gestures had a major impact on me and the depth of my Doctor/Patient Relationship. I could virtually write about these encounters which emphasises my willingness of doing Home Visits which was a great ammunition, I had which improved my understanding of the patient, his nature of illness, patients' wiliness to cooperate in management programme and have effective non breakable doctor-patient relationship. Regretfully (to me especially) the new contract of doctors preventing him seeing patient out of hours and a rigid attitude of the present generation GPs and their reluctance to do Home Visits is a lost opportunity for the doctor to know your patient, and the illness.



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