ACCIDENT AND EMERGENCY DEPARTMENTS IN MILITARY HOSPITALS

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SUMMARY: Surveys were carried out on patients attending military hospital accident and emergency departments in the United Kingdom (UK) and in British Army of the Rhine (BAOR).

In the UK 57 per cent of the patients attending were non-entitled civilians. Differences in the use made of the department by military and civilian attenders are explored.

In BAOR, entitled civilians only were seen, and nearly 70 per cent of those attending were soldiers’ dependants. The general practice commitment formed the bulk of the work-load. A comparison is made of the ways in which soldiers and their dependants use accident and emergency departments in the UK and in BAOR.

It is suggested that the military patient depends more upon hospital support than his civilian counterpart and that the staffing of our Accident and Emergency departments should reflect this general practice commitment.

Introduction

The Accident and Emergency department of the Cambridge Military Hospital is manned 24 hours per day and serves both the military and civilian populations of the Aldershot area. Its principal role is intended to be the treatment of trauma. Separate facilities for entitled patients suffering non-trauma emergencies are provided by a duty general practitioner.

The British Military Hospital, Iserlohn is a small hospital in BAOR which also provides a 24-hour service. The accident and emergency department gives emergency cover for both general practice and the treatment of injury outside normal working hours.

Methods

Cambridge Military Hospital survey

The author maintained the records of all patients seen during his tours of duty as Orderly Medical Officer. These duties covered all days of the week but represented only the “emergency” work of the Accident and Emergency department and not its routine commitment.

The survey was designed to ascertain what proportion of patients attending had suffered injury and what proportion of attendances were made by non-entitled civilians.

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British Military Hospital, Iserlohn survey

The author examined the records of all patients attending the accident and emergency departments outside normal working hours for a one month period, to provide a group of comparable size to the "military" element of the UK survey, enabling comparison with the UK data. The patients were classified as having suffered injury or as attending for any other reason. They were classified also according to their status as a serviceman or a dependant (Table I).

The null hypothesis was made that there is no difference in the proportions of these groups attending the Accident and Emergency departments in the UK and in BAOR.

Using the Chi-squared technique to compare the distribution observed with that expected by calculation from proportion alone, the significance of the differences in attendances demonstrated by the surveys were calculated.

Results

A total of 677 patients were included in the Cambridge Military Hospital survey and 367 in the Iserlohn Military Hospital survey (Table I).

Table I

<table>
<thead>
<tr>
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<th>Cambridge Military Hospital</th>
<th>British Military Hospital, Iserlohn</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Military (+ dependants)</td>
<td>Civilian</td>
</tr>
<tr>
<td>Trauma</td>
<td>145</td>
<td>293</td>
</tr>
<tr>
<td>Non-trauma</td>
<td>140</td>
<td>99</td>
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<tr>
<td>Totals</td>
<td>285</td>
<td>392</td>
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In the UK group 57.9 per cent of the patients attending were non-entitled civilians, and 64.7 per cent of total attendances were for the treatment of injury.

In BAOR 68.66 per cent of attendances were made by dependants and overall only 39.5 per cent had suffered trauma.

Discussion

There is an increasing tendency for patients who require emergency treatment to go direct to hospital rather than to consult their general practitioner. Consequently many accident and emergency departments face an increasing work-load of "non-trauma" cases. It has been suggested that these patients are likely to be attending for inappropriate reasons.

In this comparative survey the proportion of patients attending the Iserlohn Accident and Emergency department for reasons other than injury was far higher (60.5 per cent) than in the Aldershot department (35.3 per cent) which in turn was higher than that recorded for a National Health Service Hospital (NHS), sixteen per cent.
Soldiers attending in BAOR were much more likely (p<0.001) to have suffered injury than their dependants. There was little difference (p>0.05) between the UK and BAOR in the proportion of soldiers attending for inappropriate reasons. However, there was a very significant difference (p<0.001) in the proportion of attendances by dependants for complaints which would normally be dealt with by a general practitioner. In these two surveys the cases classified as “trauma” included a large proportion of minor sprains and lacerations, which might also be considered the province of the general practitioner.

Ease of access to a doctor and the ready availability of hospital care are prime factors in encouraging self-referral to hospital, and the location of all emergency facilities in hospital accident and emergency departments overseas may train our patients, especially the families, to rely more upon hospitals than their civilian counterparts. The very significant difference (p<0.001) in the proportions of civilian and military patients attending the UK department for inappropriate reasons, despite the alternative facilities offered, supports this view.

The problem of self-referral to hospital is a national one, and in this survey 79 per cent of the civilian and 82.8 per cent of the military patients attending the UK departments were self-referred. These figures are similar to those quoted for NHS Hospitals.

It is said that, as a result the post of Casualty Officer is becoming an unpopular and frustrating appointment. With a majority (56 per cent overall), of patients attending for inappropriate reasons, job dissatisfaction is likely to be particularly marked in Military Hospitals yet widespread use is made of specialists in subjects other than general practice to staff the accident and emergency department, particularly outside normal working hours.

With general practice emerging as a “Speciality” in its own right, there is contemporary emphasis on the requirement for vocational training, and higher qualification, of general practitioners. The implication that doctors not suitably trained in general practice are unlikely to practise the speciality effectively, imposes upon general practitioners the obligation to assume sole responsibility for emergency cover in their own discipline. If each speciality, including that of general practice, were to meet its own “on call” commitment, then service patients would be assured access to the relevant specialist, and would receive expert attention in every contingency.

It is suggested that it is inappropriate to employ hospital staff in the “out of hours” manning of accident and emergency departments in Military Hospitals. This role should be reserved for the general practitioner, with his specialist colleagues in other disciplines providing support when necessary.

REFERENCES