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EDITORIAL.

THE NURSING OF PAY PATIENTS.

The efficient nursing of the middle classes at fees which they can afford to pay has for many years been an acute question, which, since the Great War, has been intensified by the increased cost of living, the difficulty of obtaining domestic service, and the costly scientific appliances often needed in modern treatment, so that admission to the paying wards of hospitals is increasingly sought.

In April, 1927, a special committee, of which the late Lord Hambledon was Chairman, was appointed by the Prince of Wales, President of King Edward's Hospital Fund, to "inquire and report upon the question of hospital accommodation in London for persons prepared to pay more than ordinary voluntary hospital patients," and this committee has just issued its Report.

The Committee state that there are already pay beds at 80 of the voluntary hospitals of London, the total number of these being 1,055, of which 522 are at special hospitals. The weekly charge for maintenance in these beds ranges from £2 2s. to £10 10s., or more a week.

The Report states "it has been made abundantly clear, that there is an unsatisfied demand for more pay bed accommodation. The evidence comes from hospitals that have pay beds, hospitals that have none, medical witnesses speaking from their own experience, associations representing various professions and sections of the middle class, and from other witnesses.

"We consider that the existing provision of 1,055 pay beds has proved to be a very valuable addition to the voluntary hospital service of London; that a material extension of this provision is urgently required to meet the existing demand; and that the organisation of a mutual insurance scheme to assist persons of moderate means to meet the cost of maintenance and medical fees is strongly to be recommended.

"We believe that an extension of the pay bed system at the voluntary hospitals, with due safeguards for the maintenance and extension of the ordinary beds, would be of advantage to the patients of all classes, to the individual hospitals, and to the voluntary hospital system as a whole. The pay bed patients of moderate means would benefit because they would obtain accommodation and treatment at charges within their means, especially if aided by a scheme of insurance to make provision in advance. The well-to-do pay bed patients would benefit because they would obtain, in accommodation attached to a hospital, facilities which can rarely be fully secured elsewhere—such as the constant presence of skilled medical and surgical attention in emergencies, and of a complete organisation of all the necessary ancillary services."

A point of considerable importance to the Nursing Profession in connection with the extension of the system of beds for paying patients in hospital is that of nursing. The difficulty of securing a sufficiency of educated nurses for the care of such patients is already considerable, and more and more both committees of hospitals and proprietors of nursing homes are relying upon co-operations of private nurses to supply this need. This many nurses are pleased to do. Their relations with the hospitals are cordial, they are usually treated with kindness and courtesy, and the work is congenial.

But the question arises, who is responsible for the fees of these nurses usually requisitioned by telephone, in an emergency, upon the request of the Matron of a hospital, and promptly supplied at any hour of the day or night? We commend this point to the attention of the King's Fund, for it is likely to become more acute, and it is one which has to be settled.

The Committee of Private Nurses' Co-operations, such as the Registered Nurses' Association, 39, Portland Place, W., consider that their contract is with the institution which, through its representative, engages the nurses, and experience has proved to them the wisdom of this view.

Many hospital authorities, on the contrary, hold that they are not responsible for the fees of nurses engaged by their officials to attend patients in their paying wards.

Briefly, the position is this: The Society which supplies the nurse has no knowledge of or dealings with the patient for whom the nurse is requisitioned, his financial stability, or his willingness to assume obligation for the fees of the nurse engaged to attend upon him.

It has no contract with him; he may repudiate the debt and when he has left the hospital all trace of him may be lost. In the event of his death his executors may do the same, and no legal evidence of its existence can be supplied to them. Even when this has been possible, and a judgment obtained in a Court of Law, it has on more than one occasion been impossible to enforce it.

Or, again, when a patient has paid the fees of the hospital, and of his medical attendant, he may not be able to pay anything more, and the position of the nurse who has attended him, and who depends on her fees for her livelihood, is therefore most insecure.

We are of opinion that Committees of hospitals do not appreciate the situation, and we hope that a clear statement may be placed before them. In the meantime, for the protection of the interests of the members of their staffs, nurses' societies will be well advised to supply their services only to hospitals where the Committee are willing to assume responsibility for the fees of nurses requisitioned on their behalf, and whose devoted and expert work is so essential a factor in the treatment cure of the patient.

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