

>> If an acutely ill infant or child in a District General Hospital is suspected of having a cardiac problem he/she will be referred to the consultant paediatric cardiologist on call for admission to BCH.

(iii) The paediatric cardiologist retains clinical control of the child throughout the period of investigations and long-term treatment, whether the patient is admitted or monitored as an outpatient. If the cardiologist considers that surgery may be indicated, the results of investigative procedures are reviewed at a joint cardiology/ cardiac surgical/ radiological meeting. With the acceptance that the child requires an operation, the surgeon will arrange to meet the family in OPD, or in the ward if urgent, to discuss the operation. However, further admissions while waiting for surgery will be under the care of the paediatric cardiologist. In an elective case, it is only on admission for surgery that the child comes directly under the aegis of the cardiac surgeon. However, it frequently happens that a baby with serious heart disease, requiring urgent surgical intervention, will be transferred from the clinical control of the paediatric cardiologist to that of the cardiac surgeon *during the same admission*, either for urgent closed-heart surgery at the BCH, or for transfer to the BRI for urgent open-heart surgery.

B12 (b) The self-image and morale of such groups

(i) The paediatric cardiac group in BCH worked very well as a team, with mutual respect for the opinions of each other and confidence in the ability of their peers. This was especially so among the cardiologists, Drs Jordan, Martin and myself, and the cardiac surgeons, Mr Wisheart and Mr Dhasmana.