AIDS and the future general practitioner

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SUMMARY. Teaching by example is an essential component of vocational training in general practice and trainers should be expected to exhibit a high standard of practice. A postal questionnaire about knowledge of, attitudes to and response to the epidemic of the acquired immune deficiency syndrome (AIDS) was completed by 114 general practitioner trainers in the south west Thames region. The findings were compared with those of an identical survey of 155 non-trainer general practitioner principals in south west London. There were no appreciable differences between trainers and non-trainers in knowledge and attitudes, although trainers were significantly more likely to have discussed the problem of AIDS with their practice staff. The problems encountered in both groups included: lack of knowledge about AIDS, inability to offer AIDS counselling and advice, and reluctance to care for intravenous drug abusers. These findings suggest that trainers need to improve their practice in areas concerned with the AIDS problem in order to provide a better learning model for their trainees.

Introduction

THE acquired immune deficiency syndrome (AIDS) poses a major challenge to health care in the UK. By the end of December 1987, the cumulative number of cases in the UK had reached 1227 with as many as 50 000 more individuals thought to be infected by the human immunodeficiency virus (HIV).[1] As the epidemic continues to grow, general practitioners should play an increasingly important part in educating patients about AIDS and in providing medical care for HIV positive people and their families. How well future general practitioners meet this challenge will depend in great measure on the knowledge, attitudes and skills they acquire during vocational training.

The Royal College of General Practitioners has argued that the methods applied to the selection and monitoring of training practices ensures that these practices represent the best of what can be achieved in general practice. While recent surveys suggest that many general practitioners who are not trainers are ill-prepared to meet the challenge of AIDS,[2,3] trainers might be expected to exhibit a higher standard of practice. Certainly, vocational training should ensure that future general practitioners are properly prepared to deal with AIDS, and the example set by trainers must form an essential part of this preparation. Previous research has shown that trainees are strongly influenced by the practice of their trainers.[4] The General Medical Council has stipulated that trainers should set a model of good practice and have expertise in their specialty.[5] It is therefore important to determine whether vocational trainers are themselves prepared to meet the challenge posed by AIDS.

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We report here the findings of a postal questionnaire survey of the knowledge of, attitudes to and response to the AIDS epidemic of general practitioner vocational trainers in the south west Thames region. The findings are contrasted with those from an identical survey of non-trainer general practitioners in contract to one south west London family practitioner committee.

Method

A questionnaire was mailed to all the general practitioner trainers in the south west Thames region in July/August 1987; this was identical to one used to survey the general practitioner principals of a south west London family practitioner committee area in May/June 1987.[6] Doctors were asked about their counselling of high risk patients, satisfaction with local AIDS services, knowledge and attitudes regarding AIDS, information sources and needs, and the impact of the epidemic on practice procedures and staff. Other information collected included doctors' age, sex, year of qualification, additional medical qualifications, number of partners in the practice, list size, and contraceptive services provided. Doctors were also asked whether they had any patients who had AIDS or were HIV positive.

The questionnaire reponses of trainers were compared with those of non-trainers from the survey reported earlier.[6] Some of the general practitioners in the earlier survey were trainers and their responses have been excluded. The significance of differences between groups was assessed using the chi-square test.

Additional information on trainers' attitudes and teaching objectives in relation to AIDS was obtained in a second postal questionnaire survey carried out in January 1988. Attitudes were examined by a questionnaire originally designed for use among American physicians.[7] This asked doctors to rate each of six factors as incentives or deterrents for treating AIDS patients. Teaching objectives were examined by asking trainers to agree/disagree with a series of eight statements describing the role future general practitioners might play in managing AIDS.

Results

Sample

Of the 170 trainers in the region, 114 (67%) completed the first questionnaire and 91 (54%) the second. There were 299 non-trainer general practitioner principals in the south west London family practitioner committee of whom 155 (52%) had completed the identical first questionnaire.

As compared with their non-trainer colleagues (Table 1), trainers were older, had larger partnerships, were more likely to be male and were more often members of the Royal College of General Practitioners. Trainers were more likely than non-trainers to fit intrauterine contraceptive devices, but less likely to have a family planning certificate.

Experience of AIDS

Twenty-one percent of trainers (24/112) said they had patients with AIDS and 36% (40/110) that they had patients who were HIV positive. By comparison, 28% of non-trainers (40/143) had patients with AIDS and 46% (67/147) had HIV infected patients.

Knowledge

Trainers' knowledge about AIDS was generally good. Of the 113 who answered this question the great majority (96%) knew that the AIDS test measured antibodies against HIV, although only

Table 1. Characteristics of respondents.

	Number (%) GPs	
	Trainers ($n=114$)	Non-trainers ($n=155$)
Sex		
Male	93 (*84*)	94 (*63*)**
Age (years)		
<45	40 (*35*)	82 (*53*)*
45+	74 (*65*)	73 (*47*)
Other qualifications		
MRCGP	66 (*60*)	47 (*31*)**
Family planning certificate	44 (*39*)	81 (*54*)*
Number of partners		
1	3 (*3*)	19 (*13*)**
2–3	19 (*17*)	61 (*41*)
4+	92 (*81*)	70 (*47*)
List size		
<2000	24 (*21*)	40 (*27*)
2000-2399	51 (*45*)	58 (*39*)
2400+	37 (*33*)	50 (*34*)
Contraceptive services		
Fits IUD	87 (*76*)	89 (*60*)**

Not all doctors answered every question therefore the percentages shown are of those who completed the individual question.
n = total number of general practitioners in sample.
IUD = intrauterine contraceptive device.
*$P<0.05$, **$P<0.01$.

62% were aware that a raised antibody titre meant a person's body fluids were infectious. Most (92%) knew that HIV was not spread among the non-sexual household contacts of AIDS patients, and 95% were aware that methods for avoiding HIV infection in medical workers were the same as for avoiding hepatitis B. However, only 73% knew that HIV was less infectious than hepatitis B, and only 65% were aware that HIV could be easily inactivated by simple disinfectants.

Trainers' knowledge of AIDS differed significantly from that of non-trainers in one respect. Trainers were more likely than non-trainers to know that the recommended procedures for avoiding HIV infection in medical workers were the same as those for avoiding hepatitis B infection.

Counselling

Twenty-one per cent of 112 trainers said that they were not competent to provide AIDS counselling and advice while an additional 23% felt they were uncertain. By comparison 22% of 149 non-trainers felt they were not competent and 33% expressed uncertainty. The differences between trainers and non-trainers were not significant.

Most trainers said they made a point of offering advice on AIDS to homosexual patients (69%, 70/101) and intravenous drug abusers (67%, 42/63) when they attended the surgery. In addition, approximately half said they offered advice to promiscuous heterosexuals (53%, 51/96) and the sexual partners of high risk patients (60%, 47/78). The differences between trainers and non-trainers were not significant.

Teamwork

Nearly a fifth of trainers had not discussed AIDS with their practice nurse and more than a third had not done so with any other member of the primary health care team (Table 2). Even so, trainers were significantly more likely than non-trainers to have discussed AIDS with their practice nurse, receptionist, health visitor, district nurse and midwife ($P<0.01$).

Practice procedures

Many trainers had changed their practice procedures as a result of AIDS. Record keeping had been changed by 14% of 112 trainers; venepuncture methods by 78%; sterilization methods by 40%; and minor operation procedures by 64% of the 83 who offered this service. There were no significant differences between trainers and non-trainers in the proportions of doctors who had introduced changes.

Ethical dilemmas

Of the trainers 59% (67/113) favoured HIV testing only with the informed consent of patients. However 68% (77/113) thought the general practitioner should be given the test result regardless of whether patients consented, and 78% (87/112) would want to share this information with other health professionals involved in the care of their patient. A minority (22%, 25/112) were in favour of informing the sexual contacts of HIV positive patients regardless of whether patients agreed. There were no significant differences between trainers and non-trainers in the proportions expressing each opinion.

Teaching objectives

Trainers were unanimous in agreeing that, on completion of their training, trainees should be able to: advise patients about their risk of being infected with HIV; advise patients on how to avoid contracting AIDS; counsel patients wanting an HIV test; counsel patients found to be HIV positive; advise HIV positive patients how to avoid transmitting infection; participate in the clinical care of HIV positive patients who do not have AIDS; participate in the terminal care of AIDS patients who want to die at home; and advise practice staff who are worried about catching AIDS from patients.

Attitudes

Incentives in caring for AIDS for the 73 trainers who responded to the attitudes questions were: a feeling of responsibility to all patients (86%), a feeling of helping others in need (86%) and the emotional issues of AIDS patients (32%). The greatest deterrents were: issues concerning abuse of drugs (45%), the risk of contagion associated with AIDS (42%), and the homosexual practices of many patients (33%).

Table 2. Staff members with whom respondents have held discussions about AIDS.

	Number (%) of GPs who have held discussions	
	Trainers	Non-trainers
Practice nurse	90 (*88*)	64 (*61*)**
Receptionist/manager	67 (*66*)	60 (*45*)**
Health visitor	54 (*51*)	27 (*23*)**
District nurse	64 (*60*)	31 (*25*)**
Midwife	34 (*35*)	10 (*10*)**

Not all doctors answered every question, therefore the percentages shown are of those who completed the individual question.
**$P<0.01$.

Discussion

Our findings suggest that trainers in general practice did not differ appreciably from their non-trainer colleagues in terms of their knowledge of, attitudes to or response to the AIDS epidemic. This effect may be attributable in part to the different response rates of the two groups. Among trainers the 67% response was high enough to make this a representative sample; however, only 52% of non-trainers returned completed questionnaires and, if these were the best informed of their group, the contrast with trainers would be reduced. We believe this bias to be negligible because the findings among the 155 non-trainers who participated in the study were very similar to those obtained in three other surveys of general practitioners in the greater London area.[2,3,7] It is likely, therefore, that the finding that trainers and non-trainers were similar in their knowledge of and response to AIDS is valid.

The problems presented by both groups included: uncertainty about safe venepuncture and sterilization procedures; lack of knowledge about some aspects of AIDS; hesitancy in eliciting patients' sexual histories; reluctance to care for intravenous drug misusers; and inability to offer AIDS counselling and advice.

A high proportion of trainers and non-trainers alike had felt it necessary to alter their venepuncture and sterilization procedures as a result of the AIDS epidemic. The follow-up telephone interviews with non-trainers which have been reported earlier[6] showed a wide diversity in the methods introduced, suggesting that doctors were uncertain about correct procedures. It may be that trainers also need guidance in these areas.

Although trainers' knowledge of AIDS was generally good, important gaps in understanding were found. As other recent surveys in general practice have shown,[2,3] there is a need for better information on the infectivity of HIV.

The reluctance of a third or more of trainers to offer advice on AIDS to all high risk patients may reflect a general hesitancy in discussing patients' sexual practices. The telephone interviews with non-training general practitioners showed that more than a half would elicit patients' sexual history only when clinically necessary.[6] Other general practice surveys also show that doctors feel uncomfortable about discussing sex with their patients.[2,3]

The drug abuse problems of many patients were seen as the single greatest deterrent to caring for AIDS. This is not surprising in view of the difficulties that patients abusing drugs can pose.[8] However, restricting the spread of AIDS among intravenous drug abusers may be the key to preventing its spread into the heterosexual community and it seems important that training practices accept responsibility for these difficult patients.

As many as 44% of trainers and 55% of non-trainers said they did not feel competent to offer AIDS counselling and advice. The telephone interviews with non-trainers[6] suggested the reasons for this were: insufficient knowledge about AIDS, inadequate counselling skills and reluctance to offer counselling at all. The findings agree with those of other recent surveys in which anything from 30 to 60% of general practitioners said they were not competent to offer AIDS counselling.[2,9]

Vocational trainers were unanimous in agreeing that trainees should acquire the necessary knowledge, attitudes and skills to enable them to educate patients about AIDS and care for those with HIV infection. But how are these objectives to be fulfilled? Taken together the findings suggest that vocational training may not be providing future general practitioners with the role model or clinical experience they need to meet the demands posed by AIDS. This is of wider concern since the provision of health education and health care for AIDS is a good exemplar of the kinds of attitudes and skills which form the core of general practice. In particular, respondents' lack of confidence in their ability to counsel is regrettable as this skill is fundamental to much of the work of general practice. Similarly, a reluctance to elicit sexual histories must raise doubts about preparing trainees for a much wider range of discussions with patients.

As we did not assess trainees, we cannot say in what ways, if any, they fall short of their trainers' objectives. Clearly additional studies are needed to assess trainees' needs for teaching on AIDS, with particular emphasis on generalizable skills, such as counselling. In the interim, trainers might be encouraged to improve their own knowledge, attitudes, and skills in order to provide a better learning model for their trainees.

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Acknowledgements

We are grateful to the DHSS for their financial support of this work.

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