

AN EPIDEMIOLOGIST'S VIEW OF SCREENING PROCEDURES

Professor A. L. Cochrane (*Director M.R.C. Epidemiological Research Unit, Cardiff*)

By title only.

PRESYMPTOMATIC SCREENING FROM THE VIEWPOINT OF GENERAL PRACTICE

Dr R. Harvard Davis, M.A., D.M., B.M., B.Ch. (*Senior lecturer in general practice, Welsh National School of Medicine.*)

In discussing screening for endemic diseases, we are, to put it in teenage parlance 'with it'. It is the thing to do now, everybody is doing it in every branch of medicine. The clinical scientist in hospital, having largely exhausted the list of previously unrecognized diseases, has turned from what Spence (1953) called phenomenology to the study of disease in its earlier stages and in population groups. The public health workers who started it all by their investigations in the field of infectious diseases have naturally extended their interests in pursuance of their function of preventive medicine. Even the politicians, sociologists and other fringe professions show a considerable interest in the results of research in this field for a variety of reasons, some of them are not always altruistic. But where does the family doctor fit in? What role should he play in screening procedures? I do not pose this question in order to find an answer but rather to provoke discussion.

Because of a variety of circumstances general practice is evolving, as all systems of medical care evolve. Some of us no longer call ourselves general practitioners but family doctors. Some of us envisage the development of community teams of general physicians, doctors of first contact, practising from health centres and acting as leaders of a domiciliary team of health workers including health visitors, district nurses and other ancillary workers. These doctors would lose none of the contact with the patient which has been a unique feature of general practice in the past. They would also, as we have been doing for some years now, become increasingly