Editorials

SOME INSIGHTS FROM SEMINARS

ONE of the main features of modern general practice is the attitude of generalists to fellow members of their profession. Competitors have become colleagues and methods of care that were formerly jealously guarded are now quite often shared. So groups are growing, whether group practices or group discussions, and the effects are rippling through a whole new generation of generalists.

Historically, the watershed occurred with Balint (1957) whose pioneering work showed, *inter alia*, that a group of generalists could, if skilfully led, synthesise conclusions more efficiently than if they were individuals working on their own. The whole became more than the sum of its component parts.

If Balint can be regarded as initiating the first generation of general-practitioner groups, then the groups developed by his followers can be seen as the second generation. Of these, the most influential at present is Freeling who, through the Nuffield course, is training in group work 75 course organisers from all over the country, with responsibility for ten times that number of trainees.

An additional pressure in this direction is the discovery by educationalists that small groups are the most effective educational method for changing attitudes.

In this way, group work is skipping to a third generation and beginning to have an impact on vocational trainees all over the country.

Continuing education

Meanwhile, seminars on the classic Balint model—a group of experienced practitioners led by a psychoanalyst—have continued and the work of T. Maine and S. Bourne has been particularly valuable.

These seminars have continued to advance the knowledge and understanding of general practitioners of general practice itself. They have proved powerful vehicles in illuminating some of the darker corners of general practice and especially those situations which practitioners find difficult to look at by themselves.

The central principle first enunciated by Balint has been resynthesised and, revalidated i.e. that the doctor's own attitudes and feelings are of fundamental importance in the consultation. Both Bourne and Tomlinson in reporting two such seminars, today illustrate two typical examples, the process of referral and the doctor's reaction to new patients.

Generalists

The question arises—why, apart from psychiatry—has this educational development occurred mainly among generalists? Even Balint himself never made great progress with his groups of specialists. Perhaps peer group discussion and tolerance to continuing learning may be particularly suitable for generalists, who are accustomed to integrating specialist knowledge from many different disciplines, and who do not suffer the burden of feeling that they ought as specialists be the last word in their field. Generalist doctors seem more ready to seek and more able to tolerate peer group criticism.

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Seminars

Learning in groups or seminars is establishing itself as a method of importance both for principals and vocational trainees. It is, however, but one way of learning; many will continue to learn from books and medical journals and others prefer tape/slides or lectures.

But in the subtle art of the analysis of attitudes and relationships the seminar remains supreme.

REFERENCE

Balint, M. (1957). *The Doctor, His Patient, and the Illness*. London: Pitman Medical.

THE PREVENTION OF CORONARY HEART DISEASE

THE recent publication of a report prepared by a joint working party of the Royal College of Physicians and the British Cardiac Society, on which the Royal College of General Practitioners was represented, has received widespread publicity. This is probably more the result of mounting public interest and concern than of the nature of the report.

" The Working Party set out to evaluate critically the available information and to give brief and clear advice, indicating those areas of knowledge that remain controversial." On the whole they have succeeded.

The particular importance of this report for general practice is its emphasis on the role of family doctors. It is refreshing to read that " General practice should provide the main means of identifying those at high risk " and that " mass screening is not recommended ".

The advantage of detecting those at high risk within general practice is that advice, counsel, and intervention can be tailored to individual needs and individual risks. It does not, however, follow that such intervention alters risk status, or that it delays or prevents the appearance of clinical manifestations of disease. It has been shown that stopping cigarette smoking reduces risk, but the effects of weight reduction, small reductions of serum cholesterol, and the treatment of mild and moderate hypertension are as yet unknown. A prospective study which would correlate alteration of risk status with ultimate outcome is overdue: such studies require the recruitment of large numbers and long term follow up,and they are relatively expensive. Nonetheless, the success of the Oral Contraception Study (Royal College of General Practitioners, 1974) prompts the question, is this a new task for the Research Committee of the College?

REFERENCES

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