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LABELLING VACCINES

Sir,

Human fallibility being what it is, it seems highly likely that at times, in the middle of busy immunisation clinics, triple vaccine has been given when a mother specifically requested that pertussis should be excluded, or it has inappropriately been given to a four year old having his pre-school booster, and so on.

There, but for the Grace of God . . . or maybe, unwittingly, there in spite of the Grace of God. . . .

I have often wondered whether the pharmaceutical companies who manufacture vaccines have ever considered putting their heads together to devise a colour coding of labels similar to the different strengths and preparations of insulin? It would seem that such a measure would improve the efficiency and safety of the immunisation programme.

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MULTI-DISCIPLINARY COMMUNICATION

Sir,

Few doctors do not harbour a secret wish to communicate with the hundred or so other professionals in their immediate vicinity. In some areas, a loosely constituted luncheon club meets once a month for a vague lecture, and makes the faithful feel less guilty. Seldom is any real attempt made to come to grips with the problem. Here is a suggested model.

Firstly, about 12 people are encouraged to form a central executive group. Six of these are known for sensitivity, awareness and skill in small groups ('enablers') and the other six are known for lively, stimulating ideas, social contacts and practical ability (idea-and-action people).

The committee then stimulates the formation of up to six study groups, each containing up to ten professionals from different walks of life, with a balance of personalities, interests, occupations, and ideological attitudes. In addition, each group contains one 'enabler' and one 'idea-and-action person' derived from the central committee.

Meeting one evening a month, each group is chaired and organised by one member in turn. At the end of the year, after ten meetings, the group is terminated and a new membership devised for the following year. Commonly the first meeting is chaired by the 'idea-and-action' person for the purpose of planning the forthcoming meetings. Subsequently a brief summary is provided by each member of the proceedings of the meeting for which they were responsible. The final meeting is conducted by the 'enabler' for the purpose of reviewing the progress and achievements of the group. The initial plan, on-going summaries, and final report are collated and submitted to the central committee for future planning, and possibly for general circulation.

Needless to say, this model is as applicable to a single discipline (e.g. all the local family doctors) as to multidisciplinary communication, catering for any number between two and sixty. Individual members (and individual groups) are at complete liberty to plan a varied, stimulating programme. Excursions, invited speakers, films, cultural events, unusual or radical topics for discussion would all be in order.

Within the space of five years, one would come into intimate contact with up to 50 different professionals from the local scene. With a minimum amount of work, and little expense, a considerable amount of pleasure and professional learning could be achieved.

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THE ETHICS OF QUESTIONING RELATIVES AFTER BEREAVEMENT

Sir,

I would like to comment on Kate Danaher's, letter commenting on Dr McCarthy's article.

At a recent weekly seminar for seven trainees in the South-east Lincolnshire vocational training scheme for general practice, the chosen subject was *Bereavement*. After a technique which is proving very successful for a variety of topics, I selected seven patients from my practice who has suffered bereavement.

I obtained the agreement of each, to meet "a young doctor training to be a general practitioner" and discuss what bereavement had meant and did mean for him or her for approximately one hour. Subsequently, the seven trainees with two trainers discussed what they had learnt from "their patient", and it was generally agreed that a fruitful learning experience had been achieved.

I was not unmindful of the sensitivity of the memories that I was asking my patients to recall; when thanking them afterwards I found that they appreciated the opportunity to discuss their feelings with sympathetic listeners, and felt better as a result, were pleased to take part in educating the general practitioners of the future, and not