

much of the traditional authority of the doctor by virtue of the patient's equal knowledge. This can be disturbing at first but creates an opportunity to establish the equal and partnership relationships with patients to which general practitioners are now aspiring. It is easier to have a full and frank discussion if the patient already knows the basic facts, and there is much less danger of the doctor being seduced into making authoritarian statements if the patient is the local specialist on the subject.

Conversely, general practitioners must somehow ensure that they retain a reasonable authority in the consultation in order to assess the problems objectively and arrange an appropriate professional response. Striking a balance is taxing and challenging but may offer a model of doctor/patient relationships in the twenty-first century when patients, through the information explosion, will become much better informed than now.

Difficulties ahead

Despite the current trend for doctors and their families to see general practitioners much more regularly, some difficulties are arising.

First, some of the specialist organizations, for example the Association of Anaesthetists (1979), are adopting a policy where, perhaps unwittingly, they seem to be recommending direct referral of some of their colleagues to other specialists. The suggestion that anaesthetists in trouble should be referred quickly and quietly to psychiatrists is contrary to a main principle of general practitioner care, and is not necessarily in the interests of those anaesthetists. Specialist doctors, when patients, may benefit in particular from generalist doctors as doctors.

Similarly, the General Medical Council, as it begins to

grapple with its new responsibilities for the sick doctor, is setting up panels of specialists. It too may be in danger of introducing into its new procedure a relationship between doctors as patients and specialists which may be contrary to that normally pertaining to other patients.

It may be timely for those organizations representing general practitioners to examine this problem and to ensure that all doctors, when patients, are referred first to their own personal doctor rather than direct to a panel of specialists.

Traditional privilege

It is one of the oldest traditions in medicine that doctors regard it a privilege and an honour to be asked to look after colleagues and their families. That tradition is right and remains appropriate; it has been preserved most notably over the years by many of the senior consultants and it is a tradition of which the medical profession can be proud.

Two years ago this *Journal* agreed that "the time has indeed come to consider the (family) doctor's family". Let general practitioners now acknowledge their responsibilities and make it clear that they too regard it as an honour and a privilege to be a family doctor to a doctor's family.

References

- Association of Anaesthetists of Great Britain and Ireland (1979). Help for the sick doctor. Press release. Available from 475/478 Tavistock House South, Tavistock Square, London WC1H 9LG.
- Journal of the Royal College of General Practitioners* (1978). The family doctor's family. Editorial, **28**, 579.
- Nelson, S. B. (1978). Some dynamics of medical marriages. *Journal of the Royal College of General Practitioners*, **28**, 585-586.
- Stott, N. C. H. & Davis, R. H. (1979). The exceptional potential in each primary care consultation. *Journal of the Royal College of General Practitioners*, **29**, 201-205.

Dr S. L. Barley

ON 1 January 1981, Dr S. L. Barley takes over as Editor of this *Journal*.

Dr Barley, who is married with three children, is a principal in a three-partner training practice in Sheffield. He is an active member of the Trent Faculty, and has been its representative on the College Council.

After a year reading classics at Cambridge, he qualified from St Thomas' Hospital Medical School, where he was awarded the John Simon prize for epidemiology. He worked as a general medical officer in Tanzania for two years before completing vocational training for general practice at Ipswich. In 1972 he was the first winner of the Fraser Rose Gold Medal for the candidate with the highest number of marks in the College's

membership examination. He has had articles published in the *Lancet* and in this *Journal*, and he holds a part-time appointment in the Department of General Practice and Community Care at the University of Sheffield.

Dr Barley has been closely involved with the *Journal* for several years, becoming a member of the Editorial Board in 1973 and doing an increasing amount of work for the *Journal* and the *Occasional Papers*.

The College appointed him Deputy Editor on 1 January 1980 and he now becomes only the third Editor of the *Journal* in 26 years.

We congratulate him on his appointment and wish him and the *Journal* every success in the future.