LETTERS

Paediatric Surveillance

Sir,

While very much in favour of performance review and the kind of exercise carried out by Dr Wilmot, Dr Hancock, Nurse Bush and Nurse Ullyett, (March *Journal,* p.152) we should like to offer a critical analysis of their results.

Taking their figures from 1980 to 1983, the effort they put into surveillance can be reasonably quantified:

1. 2,356 formal examinations plus 'many children seen at other stages to discuss . . . problems or simply at the parent's request.'
2. Health visitor examinations carried out at home and in one well baby clinic a year. Doctor examinations carried out in two clinics a week—a total of seven hours every week.
3. Informal discussions after clinics, more formal team meetings every few months.

For this input, the possible gains to the 590 children under the age of five in the practice can also be quantified:

1. 159 children referred, 64 of whom received some specific treatment.
2. A practice vaccination rate 4—7 per cent higher than the district average for DT/polio and measles, with practice children more likely to have received their vaccinations at the correct time.
3. Easier discussion of emotional and social problems by attending mothers.

Let us look at the benefits in more detail. Nearly 27 per cent of the practice's children were referred to hospital—this figure is meaningless unless an objective look is taken at the outcome of such referrals. 60 per cent of those referred received no treatment, yet these referrals must have engenderd unnecessary anxiety in the parents and added an unnecessary burden on specialist services.

Of the 40 per cent who received 'treatment' (mainly for vision, speech and hearing problems) we should of course like to know to what extent the treatment affected the quality of life and the developmental progress of the children concerned. It is also vital to know what proportion of children who did receive objective benefit from referral had been identified solely as a result of the surveillance programme. How many had been identified by their parents as having a problem before any doctor or health visitor picked it up?

High vaccination rates may be achieved as part of a surveillance programme, but they can certainly be as easily achieved without one. The rates in our practice, for example, are higher than those quoted by the authors (except for measles) and are achieved by the use of a simple card index/health visitor follow-up system.

Finally, the assumption that emotional and social problems may be more easily discussed by mothers bringing their children along to surveillance sessions may not be correct. If it is correct, then perhaps it is a counterbalance to the anxiety and worry engendered by careful follow-up of poorly defined deviations from 'normality' and false positive findings.

Our practice effected a full surveillance programme from 1970-1974 and managed to achieve almost 100 per cent attendance. Our 'intermediate' review led us to the inescapable conclusion that our time could be much more productively spent elsewhere.

We could not persuade ourselves that we had picked up one significant remediable abnormality that we had not, or would not have (because Mum knew about it and, in fact, brought the matter to our attention—especially suspected squints) picked up anyway.

We decided that a comprehensive and *competent* medical examination of a new baby was essential, but that after that routine medical examination had very little to offer. Health visitors are perfectly competent to carry out routine tests of hearing and vision and to make reasonable assessments of developmental progress. It is much more important for mothers to know that they have easy access to their general practitioner, that their worries will be listened to and that the doctor is capable of making an overall assessment of the child rather than of just responding to illness.

So while we agree with the authors that the 'usefulness and place in general practice of surveillance are still debated' we disagree that the main reasons would be because of the technical problem of reaching the whole target population or doubts about the reliability and validity of some screening methods. No, it is far more basic than that. Their results, like ours, make out a very good case for their abandoning rather than continuing with their practice's surveillance programme.

Please can we have an unemotional and objective assessment of the value of screening/surveillance before, and not after, the small band of enthusiasts that seem to wield disproportionate influence in the College corridors of power push the profession into the wholesale adoption of this time consuming activity?

A. J. MOULDS
P. B. MARTIN

The Health Centre
Laindon
Basildon
Essex SS15 5TR.

Discarding Patients' Records

Sir,

I disagree wholly, flatly and profoundly with Dr Michael Jolles' comments (April *Journal,* p.244) on the need to preserve old records. I for one practise the massive culling of records at all times, except they be significant. And 80 per cent of records are not.

The fact that Barbara Jones, aged 23 and presently seeking a termination of pregnancy herself had a nappy rash at the age of six months is irrelevant. The fact that Bill Williams broke his fifth left toe in 1954 can now be consigned to the shredder. The fact that Mrs Burne has been booked to attend hospital for her third confinement in 1949 is really a pointless bit of information.

By all means let us carefully keep our *significant* records, but in the words of the famous trade unionist 'Everything else—out'!

T. RUSSELL

Layters Gate
Bulstrode Way
Gerrards Cross
Bucks SL9 7QU.

Time and the General Practitioner

Sir,

We were interested to read the response of Drs Wilson and Valentine to our paper (February *Journal,* p71). This paper has, as we expected, proved controversial: there was a favourable editorial comment in the Daily Mail (4 February) and many references in the medical press as well as private correspondence. One anonymous letter from a Newcastle general practitioner

ended 'Why not stop doing stupid research and do something useful?'!

Dr Valentine raises doubts about the compatibility of 'most patients felt that the time their doctors gave them was just about right' with the conclusion 'these findings support the view that patients are dissatisfied with the time given to them'. If he looks back at the original article he will see that these are responses to different questions. If one asks a question whose answer may imply criticism of a respected and trusted doctor one must expect a biased answer even when, as Dr Wilson points out, the question poses four degrees of dissatisfaction and only two of satisfaction. On the other hand when they were asked 'Did you feel that you were able to tell your doctor about your complaint?' they were able to answer more critically because the implied criticism might be directed at themselves rather than at the doctor.

We were pleased to see the Daily Mail editorial pick up the challenge: 'We either need more doctors or the doctors at present employed should use their time more effectively. On the face of it it seems absurd that there should be a growing number of unemployed doctors.' This is indeed absurd when patients have difficulty in communicating with doctors and there is unmet need in the community. We wonder to what extent the house of the critical Novocastrian is in order.

F. M. HULL
F. S. HULL

Department of Medicine
Queen Elizabeth Hospital
Edgbaston
Birmingham B15 2TH.

Private Health Insurance

Sir,

I am writing both as a director of Private Patients Plan and as a general practitioner. In the latter capacity I do my best to represent our views to the former.

Dr Stephen Ford's letter (February *Journal*, p.119) is correct in stating that PPP is non-profit-making. In other words, we have no shareholders to pay dividends to, so that about 90 per cent of our subscription income is paid out in benefit for claims made by our subscribers. Both the value and incidence of claims received are increasing as more people make use of private treatment, which in turn affects the subscription which we charge.

Our rules clearly state that benefit is only payable when treatment takes place under a consultant and must be for curing a medical condition. We also make it clear that we do not cover home nursing which is arranged wholly or partly for domestic reasons and which is not directly related to the treatment of a medical condition.

Of course in making these rules we are not questioning that there are types of medical care which we do not cover. To do so would put further upward pressure on our subscriptions.

Consultant involvement helps to keep control over those items which PPP will reimburse although we as general practitioners may argue that removal of the need to refer to consultants will save costs. At present there is no evidence to support this view.

PPP is always open to new ideas. I personally would welcome any *realistic* suggestions to improve the cooperation between general practitioners and PPP and improve the quality of care obtained by our patients.

PPP has always taken the view that the organization complements the NHS rather than replaces it. Even with this objective in mind, our pattern of claims payment shows that a large number of people are making use of private treatment and are very happy with the service that is provided by the organization.

LOTTE NEWMAN

87-89 Abbey Road
London NW8

General Practitioners against Torture?

Sir,

In April 1983 you published a letter drawing attention to the plight of Dr Anatoly Koryagin suffering for refusing to debase professional ethical standards and courageously resisting the Soviet abuse of psychiatric skills on dissident prisoners.

This year Amnesty International is launching a campaign against torture and the medical group is active in supporting this and helping to expose the extent of the systematic use of 'Torture in the 80s' by over a third of the governments of the world as an instrument of policy.

It gives a sobering example of the suffering of many of our colleagues throughout the world for us to be updated in the continuing fate of Dr Koryagin. According to Moscow reports he was severely beaten in Christopol prison. During the beating his screams could be heard, through an open window, in the street. When Dr Koryagin was visited by his wife and youngest son at the end of August 1983 his son did not recognize him. He is suffering from the effects of his hunger strike and of the harsh prison regime. Due to serious lack of protein he has oedema. His state of health is giving rise to serious concern: it has been reported that he is close to death.

The following are extracts from his message to the American Psychiatric Association dated 30 December 1983: 'On the anniversary of the UN Declaration of Human Rights 10 December 1982, I sent a statement to the Praesidium of the Supreme Soviet that I refuse to accept food in norms less than the physiological minimum (in the punishment cell and on strict regimen). As a doctor, I called the laws according to which they starve the prisoners, 'criminal.' They threw me in the punishment cell, there they tortured me brutally. On 11 January 1983 I announced that I refused to live in a Bolshevik torture chamber. I fasted for six months and two weeks. They fed me by force. They employed physical and psychological torture. My life hung on a thread. On 25 July 1983, I ended my hunger strike at the insistence of friends.'

For further protests about the additions of Article 188 under which he is being threatened with an addition of a further five years to his sentence he has been placed on a further two months of strict regimen with reduced food rations. He is again on hunger strike and being force fed by tube.

'Pass on this message through the world's press to doctors of the world. I am fighting for the right to health and life. I will be glad of their support. I remain faithful to the ethical principles of the medical profession, to the ideals of humanism and justice.' In the light of such a poignant appeal for support, may I as a Fellow of the College appeal for the support of general practitioner colleagues for the efforts of Amnesty International to persuade governments to implement its 12 point programme for the prevention of torture so that like slavery, this disease of humanity may disappear?

HAROLD O. PHILLIPSON

263 Tring Road
Aylesbury
Bucks HP20 1PH.

Cancer—a Stress Disease?

Sir,

The article by John Carson (March *Journal*, p.179) has prompted me to write.

I have just had a sad experience with a Chilean patient who was severely tortured in Chile after the 1973 coup, and who subsequently was in exile in Italy where he had a quite severe psychological reaction and took to drinking excessively. He arrived in the