procedures in the National Health Service that have no proven benefit, but it is essential that we do not create new demand for these procedures.

Hackett and colleagues have undertaken a much needed study. However, when establishing on-site physiotherapy, consideration should be given to the size of the increase in referrals, the types and severity of conditions which result in increased referrals, the benefit gained from physiotherapy for these conditions and the effect on overall costs (it may be cheaper to undertake 100 procedures in general practice than 50 in hospital). This may allow general practitioners offering on-site physiotherapy to decide whether they should ration the service to particular conditions.

A O'CATHAIN

Doncaster Health
41-43 College Road, Doncaster DN1 3JH

Patients' liaison group

Sir,

The resolution of the General Medical Council to seek to amend the medical act 1983 to enable it to investigate cases of poor professional performance by doctors (editorial, January *Journal*, p.2), will be welcomed by all those concerned to promote an effective working partnership between patients and their general practitioners. As Sir Robert Kilpatrick argues, the present powers do not permit the GMC to conduct investigations into the day to day standard of professional performance of individual doctors, an area which is also largely excluded from investigations by the family health services authorities' service committees. Yet in practice, many of the cases concerning general practitioners about which there is an initial complaint to the family health services authority, or its Scottish equivalent, are about failures in communication. Being abrupt or inconsiderate to a patient is not a breach of the doctor's terms of service, but it can lead to real distress and the breakdown of any therapeutic relationship.

What is particularly frustrating to service committees about the present situation is not the inability to exact vengeance — most patients who complain argue that their main aim is to ensure that the same thing does not happen to someone else — but the inability to take any immediate effective action, particularly in the case of those offending repeatedly. A quiet word between the family health services authority and the local medical committee may sometimes prove effective with regard to practitioners who come to the repeated attention of the medical service committee, but the particular merit of the GMC's present proposal is the proactive response envisaged, offering counselling and training. The GMC is also to be congratulated, both on its willingness to involve lay input in the team of independent assessors and on the proposals to provide direct access to the 'preliminary screener' for individual patients, as well as health authorities and concerned professional colleagues.[1]

In the more vociferous and consumer oriented health service culture of the 1990s, it is to be anticipated that patients will become more assertive. Public expectations of the availability of general practitioner services are rising, their increased awareness of advances in medical technology is, according to the General Medical Services Committee, stimulating demands for a second opinion, and there is an increased tendency to look for someone to blame when things go wrong.[2] It is important that those of us, both lay and professional, who have the welfare of general practice at heart react constructively. Complaints procedures can be a key quality assurance strategy, identifying problems and promoting an effective dialogue to resolve them (Report of a review of the complaints procedure, GMSC 1992). The reputation of general practice remains high among its patients and it is important to encourage the least effective practitioners to strive for higher standards.

VALERIE WILLIAMSON

Patients' Liaison Group
Royal College of General Practitioners
14 Princes Gate, London SW7 1PU

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Urine sampling technique

Sir,

Voided urine samples will always carry a high risk of being contaminated. Suprapubic aspiration of urine is the method of choice for obtaining a clean specimen, but most doctors rely on a voided sample for several reasons. According to our data, to obtain a clean-catch sample of urine, the most important step is to hold the labia apart during voiding.[1] Curtis and colleagues noted a sharp increase in the contamination rate of the first 22 urine samples taken after implementing our suggestions (letters, June *Journal*, p.260).

The full clean-catch midstream technique includes holding the labia apart, cleaning the periurethral area and using a midstream sampling technique. This sampling procedure can hardly be easier to understand or perform than just holding the labia apart, even for the obese, pregnant or frail elderly woman.

Does the routine method for urine sampling used by Curtis and colleagues comprise just two steps of the clean-catch midstream technique: to clean the vulval area and to obtain a midstream sample? Several studies have compared cleaning of the perineum with no cleaning, finding no difference in the contamination rate.[1-3] Is it possible that the benzalkonium chloride from the pads used by Curtis and colleagues may have contaminated the voided urine sample, thereby giving false negative results by reducing the bacterial growth in the sample?

ANDERS BAERHEIM

STEINAR HUNSKAAR

Department of Public Health and Primary Health Care
University of Bergen, Ulriksdal 8c
N-5009 Bergen, Norway

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Journals for third world countries

Sir,

For several years I and others have been sending regular batches of back copies of the *British Medical Journal* (and sometimes other journals as well) to Dr Banks at the City Hospital, Nottingham. He forwards them to third world medical schools and hospitals which can ill afford to buy them. Perhaps readers of *The British Journal of General Practice* would like to consider passing on their recent back copies once they have finished with them. Dr Banks can be contacted at the Respiratory Medicine Unit, City Hospital, Hucknall Road, Nottingham NG5 1B.

E B GROGONO

Sol Backen
Leiston Road
Aldeburgh
Suffolk IP15 5QA