

recent media scares have had an adverse effect.

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## References

1. Anonymous. Scotland overhauls screening programme [news item]. *BMJ* 1993; **307**: 701.
2. Graffy J. Patient choice in a practice with men and women general practitioners. *Br J Gen Pract* 1990; **40**: 13-15.
3. Worth A. Screening programme. *BMJ* 1973; **3**: 36.
4. Cramer D. The role of cervical cytology in the declining morbidity and mortality of cervical cancer. *Cancer* 1974; **34**: 2018-2027.

## Consultants' health

Sir,

The health of doctors has always interested me. When I heard Richards talk about his survey of 431 general practitioners in Avon<sup>1</sup> I wondered if consultants fared any better in their use of health care services. Richards found that general practitioners often prescribed for themselves, did not seek preventive health care and often felt their status as a doctor prevented them from discussing problems. With permission I sent Richards' questionnaire to all 53 consultants who worked in South Warwickshire District Health Authority in 1992. All questionnaires were anonymous and were returned to my home address. This ensured an identical method of data collection so the results of the two studies could be compared using the chi square test.

A total of 48 questionnaires were returned (91% response rate, similar to the 86% obtained in the Avon study). Of the consultants 92% were registered with a general practitioner (96% of Avon general practitioners); 40% of the consultants consulted a doctor more than once a year (25% of Avon general practitioners); 60% of the 48 consultants saw their general practitioner, 27% had arranged a consultant self-referral and 15% saw colleagues informally (no figures available from the Avon survey).

Questions were asked about self-prescribing of prescription-only medicines. The only significant difference between consultants and general practitioners was in antibiotic use: 82% of 431 general practitioners in the Avon study prescribed themselves antibiotics compared with 63% of the 48 consultants ( $\chi^2=8.7$ , 1 df,  $P<0.01$ ). If seeking advice about specific complaints, more consultants than general practitioners would self-refer directly to a consultant about a suspicious lump (54% versus 25%)

or glycosuria (35% versus 15%, respectively) (both  $P<0.01$ ). No consultants would seek advice from a consultant for sexual problems or drug dependence compared with 12% ( $P<0.05$ ) and 17% ( $P<0.01$ ) of general practitioners, respectively. In all other clinical problems posed there was no statistically significant difference between the two groups of doctors.

There was no significant statistical difference between the two groups in the poor rate of seeking preventive health care, that is blood pressure, smoking and drinking habits, stress or weight and diet. Of consultants 12% felt that their status as a doctor prevented discussion of problems compared with 23% of general practitioners (difference not statistically significant).

There is little difference between general practitioners and consultants in their use of health care services. In both groups self-prescribing rates are high, uptake of preventive care is poor and a measurable proportion feel isolated because of their status as a doctor.

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## Reference

1. Richards C. *The health of doctors*. London: King Edward's Hospital Fund, 1989.

## Continuity of care

Sir,

Freeman and Richards, in their paper on the compatibility of a free choice of doctor with personal continuity of care (December *Journal*, p.493), compared the care provided to patients in three different practices. As a result of a practice merger I have been able to study the priority attached to personal care by one group of patients offered two different styles of care.

In March 1991 our two man partnership, which encouraged a personal list system joined with our neighbouring five doctor practice which had three women partners. After the merger patients were given a free choice of doctor.

The proportion of consultations with the author in the calendar year before that merger (1990) and in the first full calendar year afterwards (1992) was determined from the case notes for the following groups of patients — at least 10 male or female patients aged three, five and 15 years in 1990, and for each sex aged 25,35,45,55,65 and 75 years in 1990 (Table 1). To select the notes the practice

computer printed the names of all patients registered with the author in the relevant years of birth. The notes for those years, and if necessary for the neighbouring years, were reviewed (rejecting any that joined the practice in or after 1990 and those who had not seen a doctor in the years in question) aiming to obtain at least 10 sets of notes of patients who could have seen the author in the year before and after the merger. There was a general fall in personal continuity of care following the merger which was particularly marked in children and young women.

The patients in the original two partner practice had experienced high levels of continuity of care without, I feel, experiencing much discontent. However, when offered a wider choice in the new practice they did not always think it worthwhile preserving such a close link. This was particularly true for the younger children and also for young women who presumably availed themselves of the opportunity of seeing a woman doctor.

Practices may do what they can about improving the availability of their doctors, but the doctor's sex is one unalterable influence on the feelings of his or her patients about continuity of care.

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**Table 1.** Percentage of consultations with the author before and after the practice merger.

Age in 1990 (years)	% of consultations with author	
	1990	1992
<i>Children</i>		
3 ( <i>n</i> = 31/51)	77	49
5 ( <i>n</i> = 34/24)	68	50
15 ( <i>n</i> = 12/8)	92	75
<i>Women</i>		
25 ( <i>n</i> = 48/50)	88	26
35 ( <i>n</i> = 27/27)	81	48
45 ( <i>n</i> = 32/39)	88	69
55 ( <i>n</i> = 35/36)	97	81
65 ( <i>n</i> = 76/76)	83	66
75 ( <i>n</i> = 44/53)	95	70
<i>Men</i>		
25 ( <i>n</i> = 25/68)	96	79
35 ( <i>n</i> = 23/43)	83	74
45 ( <i>n</i> = 25/30)	92	60
55 ( <i>n</i> = 17/36)	100	69
65 ( <i>n</i> = 34/44)	94	80
75 ( <i>n</i> = 72/69)	89	77

*n* = total number of consultations in each group in 1990/1992.