Correspondence

The Present State of General Practice

Sir,

May I suggest that the training schemes to which you refer in your September editorial might include 'extended' type courses (e.g. six Thursday afternoons) for medical secretaries already in employment, with general practitioners' secretaries and those working in hospitals, the clinical departments of universities and other posts attending together? One needs to know about that part of the work which one does not see, in order to co-operate in an imaginative way. I suspect that some people are afraid of losing staff, but this seems a short-sighted policy.

In any office, a secretary (as distinct from a shorthand-typist) can screen inquiries, deal with some routine work, and help to set her principal's mind and memory free for more skilled tasks. She is equipped to do this by:

(*a*) Her background knowledge. Has a doctor time to teach his secretary the elementary principles of medical ethics, how the health service is organized and how to head a letter about a patient? (She will in any case grasp his explanations more easily and thoroughly if she can fit them into a framework of basic knowledge.) A surgeon indicates his personal preferences, but does not teach the theatre sisters their full technique; and a good secretary thinks ahead just as they do—if she is allowed to.

(*b*) Her experience in a particular field of work.

(*c*) Her knowledge of her principal's wishes in a given situation. Every secretary has to learn this in each new job, and people assume that she acts on this knowledge and not on her own opinions. My friends express a marked appreciation of practices where a secretary or receptionist with this professional attitude answers the telephone; they will accept instructions from someone they know to be telling them what the doctor himself would like done, but they do not want to know what the 'answering service' thinks herself.

Full-time courses are being started, but if someone would initiate short intensive courses teaching would be available for additional groups. People who are dropped in at the deep end do not always learn to swim.

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Present State and Future Needs

Sir,

The hope is expressed early in the report on "Present State and Future Needs" that this will encourage informed discussion. Discussion has been stimulated and we feel encouraged to add a few words.

We are sure few members would quarrel with the statement that the College, as an academic body, must see things as they are, yet one of the most significant facts of the present situation—the monolithic structure

of the N.H.S. which makes any proposed changes dependent on political rather than on medical considerations—is not even presented as a problem which might have to be tackled from quite a new angle.

While the Report recognizes that ... "The problem must also be seen in relation to the forceful changes that have been taking place in society around us. Our patients are now more affluent, healthier, more educated and knowledgeable and at the same time more demanding of high quality medical care . . . ", it accepts that . . . " *Parliament* (our emphasis) has to decide how much the nation is to spend on medical care, and of this how much is to be devoted to general practice. . . " (pp. 46–47).

We cannot find words to adequately express our feelings on this extraordinary statement. As our President so rightly said in her letter, we must, as a College, try and see the facts. Yet here we have, elevated to the position of infallible dogma, one point of view. It may well be the correct one, though the state of crisis in the Health Service and the increasing *rate* of emigration (another fact that was not considered worthy of mention) makes us doubt this. But there are other points of view. Is the individual to be denied all rights of how to spend his newly found affluence in matters concerning his mental and bodily health? Can it really be maintained that the only way of deciding how best to deal with the " modern epidemics . . . such as cancer of the lung, obesity, coronary heart disease, emotional disorders and the degenerative disorders of old age ", is by leaving it all to a body of professional politicians?

Again, the answer may well be in the affirmative, but we feel that the Report should at least have posed the question.

" Today's society with its expectation of health *and happiness* (our emphasis) is learning to make increasing demands on medical care " (p. 53). As major deviations from a sense of complete wellbeing are conquered, minor deviations become relatively more important. Figure 3 should therefore be open at the top since there is practically no limit to the total amount of ' sickness '; and the 75 per cent of episodes not reported to any doctor is meaningless unless some definition of ' episode ' were possible (p. 6).

On page 51 it is stated that: " The general practitioner will inevitably come to deal more with preventative medicine seeking to diagnose diseases in their earliest and presymptomatic stages ". This sounds very good, but when one remembers the admission on p. 49 that the volume of the work facing the general practitioner " is considerable and likely to increase " one is forced to consider the practical application of such pious platitudes. Is it suggested that the *good* general practitioner of the future will say to the present-day type of patients: " Go away and don't waste my time. You have got symptoms. My time is going to be better spent in trying to discover diseases in those who have not yet got symptoms "?

We agree with the Report that the ' split-shift ' system of morning and evening surgeries (p. 23) is one of the most tiring features of present-day practice, leading directly to loss of efficiency. Yet when one of us attempted to change this system by starting afternoon sessions and eliminating all but one evening surgery per week, this was promptly scotched by the Executive Council who were supported in their decision

by the Minister of Health on appeal.

We have no difficulty in understanding the variations in the use of laboratory facilities by different doctors (p. 36). No detailed studies of " . . . age and place of qualification of doctor, size of practice, whether solo or in a group . . . " are necessary to appreciate that some doctors like using these facilities and acquire the necessary discriminating approach —and some don't. The simple fact that the size of the practice bears no relation to what could be an index of its quality (but you could also argue the other way round) should suffice to prove this one aspect to be merely related to personal attitudes and aptitudes.

The report emphasizes the need for local action and states (p. 52): " There has been little evidence of local groups of doctors coming together to study local problems and planning for the future medical care of whole towns and districts. . . . " In Birmingham we did not require the stimulus of the College *Journal* of July 1964 before working out a detailed plan for a Community Care Centre for North Birmingham in February 1963.

In this centre it was planned to bring together not only the three branches of ' the tripartite system ' referred to in the report, but also to include industrial medicine. We were forced to abandon this scheme because we realized that neither the local authority, nor the regional board, nor the consultants of our local hospital were prepared to support a centre which was initiated by a mere ' local group of doctors '. All parties concerned, including both sides of industry, readily recognized the merits of our plan, but they were not prepared to pool their resources to bring it to fruition.

Finally, we must mention the foresight and initiative of the same group of doctors (with a few new faces and some changes at the top) which made them recognize that the problems of the *Present State and Future Needs* of general practice cannot be solved within the present framework and has therefore caused them to resign from the National Health Service. We are, at the same time, offering our patients a private scheme on scales of contributions which are feasible for doctor and patient alike.

In spite of the pressures to which patients are being subjected to boycott this scheme, the initial response shows already that the public has a greater degree of understanding than the politicians and, perhaps, some eminent members of our profession.

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Notes

Sir,

Many thanks to Dr Gibbens for his stimulating article on note keeping; some of his excellent suggestions however need modifying I think. His suggested vertical line with blobs against the date is excellent for repeat prescriptions but must, especially in the case of narcotics, etc., have the quantity prescribed. His boot box with legs seems unduly cumbersome; I carry my cards in a small wooden box, $4\frac{3}{4}$-in. wide, 4-in deep and 6-in.