symptoms and three had continued to seek medical advice (one on 13 occasions) with minor complaints probably functional in nature. Two of the three trifluoperazine defaulters continued to have repeated attendances for anxiety symptoms.

It is difficult to account for the marked difference in the defaulter rate between opipramol and trifluoperazine but there was no evidence that side effects were likely to have produced this result.

The large number of opipramol defaulters who subsequently had satisfactory psychiatric histories would suggest that they probably attended with an acute emotional problem, were reassured and subsequently took the tablets for a short time or possibly not at all.

Summary

Opipramol and trifluoperazine were compared in the treatment of anxiety and tension in patients attending their general practitioner. Both drugs appeared to be effective in the doses employed over a period of 14 days. There were no statistically significant differences between either in overall effect or in their effect on specific symptoms.

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PERSONAL POINT OF VIEW

What constitutes workload

K. G. DICKINSON, M.B., Ch.B., D.P.M.
Birmingham

THIS PAPER PRESENTS AN EVALUATION of the work performed by a full-list, single-handed general practitioner working in the industrial part of Birmingham with a practice predominantly in the Registrar General Classes III and IV. Approximately 30 per cent of the patients are of West Indian stock.

Method

The analysis was carried out on a series of prepared cards during surgery sessions for a

period of two weeks in February 1968, at a time when there was not an increased incidence of influenza or of the infectious childhood ailments. Antenatal patients and mothers and children attending the immunization and 'well-baby' clinic were excluded as were all visits.

Definitions

The contacts were divided into four major groups which were *not* mutually exclusive (Vickers 1965).

(1) Physical disease.

(2) Psychogenic disorders.

(3) Social problem.

(4) Administrative service—a service that is essentially non-clinical such as a repeat 'panel' note, or advice given about housing.

The result of each doctor–patient contact was classified according to the need of the patient at that particular time as determined by the expressed or implied demands of the patient.

The psychogenic disorders were further subdivided into formal psychiatric illness (psychoses, neuroses etc.) and psychiatric associated conditions (where psychological mechanisms were important in the development, elaboration or prolongation of physical symptoms of illness) Shepherd *et al.* 1966.

Results

Total number of doctor–patient contacts		295	
Adult contact		222	
(1)	Physical disease (including where necessary an administrative service)	73	*24.7*
(2)	Physical disease and psychogenic or social problem not related to each other causally	31	*10.5*
(3)	Psychogenic disorder	59	*20.0*
	Psychoses 7		
	Neuroses 23		
	Psychiatric associated conditions 29 (*9.7*)		
(4)	Social problem	14	*4.7*
(5)	Administrative service	45	*15.2*
Children (under 15)		73	
(1)	Physical disease	50	*16.9*
(2)	Psychogenic disorder	23	*7.7*
	Mother's overanxiety 13		
	Psychiatric associated conditions 5		
	Other conditions 5		

Discussion

In this series physical disease formed in part or whole 61.8 per cent of the doctor–patient contacts. It was associated with psychosocial problems or directly linked in psychiatric associated conditions in 20.2 per cent of contacts, so less than half of the patients seen presented with a purely physical disorder.

Accepting that these figures may show a bias away from physical diagnosis because of the practitioner's interest in psychogenic disorders, this is not enough to account for a work-load that has such a high percentage of non-physical problems. The inference is that similar problems face most practitioners and that their recognition, assessment and management form a fundamental part of the work of general practice.

How then can such a situation be managed?

The problem can be divided into one of adequate training and, secondly, of the ability to delegate responsibility. If the work-load in general practice is to be effectively contained then the principal in a practice needs to have been trained not only to recognize the physical disorders but also to accept responsibility for recognizing the psychogenic, social and administrative disorders. The full implementation of the Report of the Royal Commission on Medical Educa-

tion at undergraduate, postgraduate and vocational training levels will help, for the report accepts the need for better training in psychiatry, psychology and sociology.

The recognition of the problems is the first stage and is relatively easy. The further assessment and management is more difficult for it is not possible for the individual practitioner to deal with these by himself. Trained professional workers are needed to whom he can turn and these need to understand the particular problems that present in general practice and also to have understanding of the total work-load and responsibility that a general practitioner carries. Studies in delegation are still few and it is necessary to continue to experiment and evaluate the results of co-operative working between practitioners and nurses, midwives, health visitors, medical social workers and other trained social workers in order to arrive at the various possible solutions.

With the steadily increasing complexity of modern medicine the rôle of the general practitioner as a primary diagnostician becomes ever more important. If he is to do this job thoroughly he needs the backing of skilled hospital-based colleagues and the freedom to make use of the facilities of pathological and radiological units. In the same way if he is to deal with psychogenic, social and administrative problems he needs the availability of skilled help as outlined briefly above.

If this is not possible then this side of general practice will be rejected more and more and the level of discontent described by Fry and McKenzie (1968) will rise, for few trained professionals enjoy half doing a job.

Summary

The work-load of a single-handed, urban general practice is described. The doctor–patient contacts were analysed under the four headings of physical disease, psychogenic disorders, social problem and administrative service.

Forty per cent of the contacts were for purely psychosocial or administrative reasons and problems of training and delegation of work are discussed in relation to this aspect of work-load.

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