THE COLLEGE OF GENERAL PRACTICE OF CANADA

Meeting at Toronto in April 1959

The Board of Representatives of the Canadian College has decided to set up a *Committee on Public Policy* to consider matters affecting public relations of the College, political and economic developments affecting the standards and quality of general practice, and vocational guidance for potential doctors.

Other interests of the Canadians include a battle for income-tax relief for expenses of members doing postgraduate study, a survey of general practice, a committee on hospitals, the incorporation of their College by private act of Parliament at a cost of $1,500, the engaging of a Public Relations Counsel, the plans for future meetings to include the possibility of a boat cruise in 1962 to Bermuda and Nassau (the expenses to be deductible for income tax purposes), the consideration of a grade of Fellows of the College, the establishment of a research register, and the offer of Benger Laboratories to bring a lecturer annually from England for the scientific meetings of the College.

(*Coll. gen. Pract. (Med.) Bull.* 1959, **6**, 3.)

Therapeutic Trials

The Canadian Pharmaceutical Manufacturers Association have approached the Canadian College through its research committee, and a list of doctors willing to take part in therapeutic trials of new drugs is being compiled. Normally a drug is subjected to exhaustive pharmacological and toxicological studies in animals and then in humans. If the clinicians consider the drug warrants further use the total data is then submitted to the Director of the Food and Drug Directorate of the Department of National Health and Welfare at Ottawa. If he officially approves the drug it may then be manufactured and marketed.

Between official approval and marketing there is a time-lag during which the manufacturers seek limited field trials, and these are now being organized by interested doctors.

(*Coll. gen. Pract. (Med.) Bull.* 1959, **6**, 45)

Doctor's Press Relations

At the third annual scientific assembly of the Canadian College a discussion was held between doctors and representatives of press, radio and television. It was pointed out that medical practitioners are concerned with the health and well-being of their patients; newspapers, radio and television reporters are concerned only with those aspects of medicine likely to interest large sections of the public. Each must appreciate the other's point of view.

Pressmen said that too little information resulted in bad

reporting. Most newspapermen covering medical subjects were conscientious, experienced and competent; they could be relied upon to respect confidences. They needed four times as much information as they would ultimately use in their completed story. One reporter of 30 years experience drew a distinction between news of a private patient whose right to privacy must be respected by press and medical profession, and news of an individual such as a leading government figure whose health was of public concern.

A director of broadcasts on medical subjects pointed out the need to have an identifiable doctor participate. Anonymity was unsatisfactory and lacked conviction for viewer and listener. He and the press representatives urged that every local and regional medical group should appoint an individual who could be quoted and identified as the spokesman for his group of doctors.

A newspaperman said that editors of weeklies were anxious to print more medical news but found local practitioners disinterested or uncooperative. Another speaker " phrased a feeling common to both groups " when he said that both reporters and doctors needed training in the dissemination of medical news to the lay public. Reporters could only do their job properly if helped by doctors, and doctors needed to attain better understanding of the elements which make for public interest. " Every doctor should undertake to educate good medical reporters."

(*Coll. gen. Pract. (Med.) Bull.* 1959, 6, 23)

Correspondence

Cancer and the Family Doctor

Sir,

In Mr Malcolm Donaldson's paper on Cancerphobia and the Medical Practitioner (*J. Coll. gen. Pract.*, 1959, **2**, 239) I was disappointed with the penultimate paragraph in which he states " It is not dificult to see why the family doctor should loathe the disease and is often not interested in it ".

Personally I find it much easier and more satisfying to deal with the last stages of cancer than from conditions such as diseases of the nervous system, cor pulmonale, myocardial degeneration, etc.

With a case of cancer, once the terminal stages are reached, the outcome is obvious to both doctor and relatives; there is no doubt whether any developments require treatment, or whether they result from treatment (and are therefore the fault of the doctor).

Once this decision has been made, morphia, or pethidine and