Editorial

AWAKENING?

THOSE whose introduction to the concept of health education was the broadcasts by the radio doctor, a family doctor, during the second world war have been waiting with mixed feelings of despair and hope that this aspect of preventive health care would one day receive the attention and support that it deserves. What in fact happened? In the post-war years new techniques of advertising blossomed, television entered every home and a receptive people with new money to spend began to learn that life without alcohol was unthinkable and that cigarettes were an essential ingredient of sex. Anti-health education took over and had it all the way.

It was not as though evidence of the hazards that man could inflict on man in the guise of benefits was lacking. Knowledge of the requirements for healthy living steadily increased and many hoped that this would soon be reflected in both legislation and in what was taught in schools. Perhaps there were flickers of hope as when a medical officer of health produced a poster linking cigarette smoking with cancer or a government committee was set up under Lord Cohen. These things happened many years ago and hope had time to die again.

The Central Council of Health Education strove to create changes in the climate of thought which would influence people's behaviour, but its voice was small and Goliath prevailed. Children left school to enter the teenage world of sex and drugs without the guidance that might lead them to the right decisions; indeed, they still do so, for in its first year the Health Education Council could not be expected to make good the deficiencies of decades.

Will the Health Education Council make good? Will its greater resources in finance and manpower allow it to function effectively and will success enable it to command yet greater resources still, the resources appropriate to a branch of preventive medicine on which our whole way of life may ultimately depend? The Council's report for 1969/70 deserves critical examination.

The first years of a new administrative structure must be coloured by its need to find facts and make plans. Both these processes are taking place. Some of the fact-finding is academic and at first sight remote from practical issues but it is sound policy to study influences on behaviour before you try to modify them. Areas for activity are being defined. People are being attracted to posts in which they will work in these areas. Are the populations selected the right ones? Are the right people becoming involved in the enterprise? At this point doubts come in.

The report goes so far as to commend the person-to-person situation as one of the most favourable in which to convey ideas. It then subheads two short paragraphs 'general practitioners'. One of these refers to a conference of health visitors attached to practices while the other states the case for health education teaching of medical students and doctors. Quite clearly the Council fails to recognize its friends, friends who during a year handle 90 per cent of human illness from start to finish, and who are only too well aware of the amount of suffering which could be avoided were health

education to be brought to those who need it, when they need it.

It is reported that the Society of Medical Officers of Health has offered the Council the services of an Advisory Panel, placing a wealth of wisdom at its disposal. Should not our College offer a similar facility to support the lone general practitioner who is positively identifiable among the membership of the five panels which have been set up? The College, through its education committee, is well aware of the opportunities for health education inherent in general practice and of the work that has been, and is being done, to develop methods of health education appropriate to personal contact of the doctor with the patient.

Help can be given to the Health Education Council's research programmes, to their evaluation studies and their special problems through existing machinery, perhaps more economically than by the use of commercial agencies, and with the help of family doctors who have sought to learn the principles of health education the hard way, and have made it a part of their practice for many years, the Council might gain altogether new insights and leads towards further planning.

No one proposal in the report of the Council is without merit. Were resources unlimited each could be developed to the full with undoubted benefit to us all. The great omission, which it is not too late to amend, is recognition of general practice as an essential area for health education, to be explored, developed and applied with vigour. For health education this could be the awakening for which so many have waited for so long. Let us hope that it is more than a gentle stirring in its sleep.

REFERENCE

Health Education Council, Annual Report 1969–70. The Health Education Council Ltd., Lynton House, 7–12 Tavistock Square, London, W.C.1.

General practitioner and community psychiatry. AENGUS O'ROURKE, M.B., B.Ch., B.A.O., D.P.H. *Journal of the Irish Medical Association.* 1970. **63,** 25.

Many general practitioners in Ireland have expressed the wish for further postgraduate training in psychiatry. A small Balint-type experiment was carried out by a group of Dublin general practitioners in 1968. This was found helpful in (1) examining the doctors' own motivation in practice, (2) learning basic psychiatric skills, (3) helping informal contacts between colleagues. In future general practitioners will have to learn to use help from other disciplines in dealing with their psychiatric patients—sociologists, lawyers etc. At present many families partially burdened by psychiatric illness become total casualties—"a catastrophe arising from a lack of support at a crucial moment."