

GENERAL PRACTITIONERS AND SOCIAL WORKERS

Sir,

It would seem obvious that Miss Tanner (*May Journal*)¹ and I have different views on the relationship to be desired between general practitioners and social workers.² This probably stems from our different experiences. She is a social worker practising in a family medicine programme, I am a general practitioner in service practice with access to a social worker who is not attached. I will only deal, therefore, with the points she makes rather than the points which I was reported as having made.

1. Miss Tanner says "Patients *can* relate to more than one healer at a time if they are taught and gently guided . . ." This means to me that they do not relate easily to more than one healer unless they are taught to do so. I believe that such teaching and guiding should be towards the patient learning to relate with the family and with the community rather than with the health team. This may be because my beliefs are influenced by psychoanalytical thinking, while what Miss Tanner says smacks of operant conditioning.

2. Miss Tanner has found "great utility in formulating psychosocial-physiological diagnoses and treatment plans by the use of interdisciplinary team conferences." Our College expects every general practitioner with every one of his patients to "formulate his diagnosis in physical, psychological and social terms".³ There would not be time to use a social worker for every patient.

3. Miss Tanner states her belief about the results of having all resources "behind the same door". It is different from mine, but that is all.

4. I was neither facetious nor uninformed in excluding casework and counselling skills, or knowledge of individual and family dynamics from the resources of social workers. These skills and knowledge I would expect of a general practitioner as much as I would expect from a social worker. I was listing resources not held in common.

5. As regards "screening for emotional illness in patients and families", I would direct Miss Tanner's attention to the work of one of her compatriots, Dr Ray Greco.⁴ This may be the definitive work on that subject and Dr Greco does not have a social worker.

Let me return to the matter of belief. I believe that the measure of the mature professional, social worker or general practitioner, is their ability to take independent decisions for the care of their patients or clients, referring only when necessary.

If Miss Tanner believes that the measure of maturity is only the ability of health professionals to work together, then it is no wonder that we disagree. If, however, she believes that all professionals should possess the ability to work together, but only use it when necessary for the

benefit of their clients and not of themselves, then she and I are in agreement. We certainly are as regards the need for all health professionals to have a common base of training just as they have a common base of motivation.

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REFERENCES

1. *Journal of the Royal College of General Practitioners* (1972). **22**, 351-352.
2. *Journal of the Royal College of General Practitioners* (1971). **21**, 101.
3. *Journal of the Royal College of General Practitioners* (1972). **22**, 337.
4. Greco, R. S. & Pittenger, R. A. (1966). *One Man's Practice*. London: Tavistock Publications Limited; Philadelphia and Montreal: J. B. Lippincott Co.

VISIT TO AUSTRALIA

Sir,

You may recall the generosity and kindness extended to the Australian contingent visiting Aberdeen and points south in 1970, and we who enjoyed your hospitality, wish in some way to reciprocate.

We believe that some of your members will be visiting Australia in September-October of this year for the combined meeting of the Royal College of General Practitioners, the Canadian College of Family Physicians and the Royal Australian College of General Practitioners and subsequently the Fifth World Conference of General Practice.

There is no doubt that our colleagues in Melbourne will do all that they can, but we in Sydney would very much like to entertain and make our homes available to those of your members who will be visiting Sydney.

If any of your members would like us to help, would they please contact me at my address below, so that we can be of service?

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CONTROL OF DIABETES

Sir,

Loss of life from diabetic ketoacidosis continues to occur and this is particularly tragic as the life may be young and its loss preventable.

Many diabetics are admitted to hospital in severe diabetic ketoacidosis because some minor illness or infection has resulted in a rapid increase in insulin requirement, which has not been met. Often a patient will say that he omitted—or