

'B' with two general practitioners (in partnership) has 2,500 patients.

My reason for publishing this data was to stimulate further examination of what we can do and should be doing in practice.

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REFERENCE

Fry, J. (1972). *Journal of the Royal College of General Practitioners*, **22**, 521-528.

GENERAL PRACTITIONERS AND CONTRACEPTION

Sir,

The emphasis of your September *Journal* on contraception is timely. We believe that free contraceptive advice should be available to all within the National Health Service.

Earlier this year we took a practice policy decision that no charge would be made for contraceptive advice for social purposes, and all prescriptions for the Pill would be given on E.C.10. So far the executive council has not asked us to justify our prescriptions.

Surely the time has come to anticipate a universal contraceptive service within the National Health Service? General use of E.C.10 for all Pill prescriptions would help to advance the date when the National Health Service will include contraceptive care for all.

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STUDY OF MEDICAL ETHICS

Sir,

It may be of interest to your readers to know that the Society for the Study of Medical Ethics has recently been established. It is a postgraduate development of the work of the London Medical Group and the Edinburgh Medical Group.

It intends to promote an interest in medico-moral problems by encouraging discussion at student and postgraduate levels; by organising regional conferences; by informing members of lectures and symposia organised by the London Medical Group and similar organisations elsewhere; by the eventual establishment of inter-disciplinary commissions, and by the creation of a library and study centre.

Members will receive *Documentation in Medical Ethics*—a folder of articles, either reprints from journals or originals. Membership is open to members of the medical profession and to others who have a direct professional interest.

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STUDENT SELECTION

Sir,

I would like to ask the courtesy of this *Journal* to bring to the attention of your readers a very important subject, and to suggest that the Royal College of General Practitioners should pioneer a change in attitude to the selection of medical students, just as they have done during the last decade with the question of vocational training.

During the 1960s the College gave a tremendous lead in initiating a better introduction and education in general practice both for undergraduates and future general practitioners. But what of the 1970s? What should be the aim and direction of the College? I would like to suggest that one of its most important objectives should be to influence and alter the selection of medical students so that by 1980 some sanity and wisdom could be brought to this problem.

Your recent editorial (March *Journal*) and a letter in *The Times*, 27 September, 1972, from the Headmaster of a co-educational boarding school show that this subject is a live issue and something which is of concern to all of us—whether we are doctors or patients.

Opinions obviously vary about what qualities are necessary for a potential doctor, but to judge at present only on chemistry, physics and biology at a certain standard of 'A' level pass is limiting the field to the detriment of both the profession and the patient. It would seem that very few people disagree with this view and yet the universities and medical schools remain impervious to any alteration of the *status quo*. Therefore let the College 'gird up its loins' and attack the entrenched and myopic academics.

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REFERENCE

Journal of the Royal College of General Practitioners (1972). Editorial, **22**, 135-6.

QUALITY IN GENERAL PRACTICE

Sir,

I find myself unable to let the recent article by Frank Honigsbaum (July *Journal*) and your concerned editorial on the quality of care go without comment. I hope you will forgive me as a foreigner from across the sea for commenting on this. As it is a problem with which we all are concerned, and there are many references to North American studies, I thought I would express my feelings.

The overall tone of this article I thought was hypercritical. He seems able to accept any number of studies by all kinds of people outside general practice as valid. He seems to accept assumptions by specialists as true, but casts grave doubts on any comments or assumptions by general practitioners. His orientation is based primarily on hospital illness, e.g. his reference on page 432 to American general practitioners dealing with

"serious illnesses", and he appears to be unaware of the many chronic serious emotional and physical illnesses which we deal with every day in our offices.

He seems to rely greatly on two North American studies, by Peterson and Clute, and to feel that North America is ahead of Britain in measuring quality. The studies to which he refers were of great interest and an extreme stimulus to us all when they were done, but are obviously inadequate now looking back. I don't think anyone, especially Mr. Honigsbaum, would accept a general practitioner evaluating the care given by a psychiatrist, or a paediatrician. Doctors who work primarily in hospital medicine are almost out of touch with the kind of work that we do. They assume that because we do something differently from them, that we do it badly. It is obvious now that those early studies were crude and ill defined. To measure something that you haven't defined is extremely difficult. Even today, nobody has an acceptable definition of "good" general practice.

He discusses at some length the failure of general practitioners in preventive medicine. On page 434, he notes that there is some doubt in other people's minds about the effectiveness of these detection programmes (i.e. Pap smears). There is obviously a great deal more doubt about this in more recent months, and general practitioners are being roasted for some thoughts that theoretical epidemiologists and preventive medical people have decided must be good things, because they logically make sense. The fact that they don't work doesn't seem to bother the "experts" very much. He uses these and other reasons to whip general practitioners and increase our guilt.

I have searched through the article and have found no comments at all in the area of psychosomatic illness, and hardly any on the area of treating emotional diseases. This I think illustrates Mr Honigsbaum's profound lack of understanding and knowledge of the work that a general practitioner does in a day. I am afraid his lack of knowledge is mirrored by that of a great many people in medical schools, as seen from my

experience of two years as a full-time teacher in one medical school here in Canada.

At one time, I spent a year training in Britain in hospital work, and four years ago I spent three weeks travelling and sitting with general practitioners through your country, and I am amused by his attack on general practitioners for their records and finding them inadequate. These, I gathered, were pressed upon the general practitioners by the people who designed the National Health Service, and a great many would like to change them. This may be a reason to attack the National Health Service, but to blame family doctors for something thrust upon them seems somehow ill-conceived.

As a member of the National Research Committee of the Canadian College, I am overwhelmed by his casual rejection of the vast amounts of research done by general practitioners in Great Britain. Without any doubt in my mind, you lead the world to an astonishing degree, followed of course, by the Australian College who have done remarkable work as well. To refer to all of this work as "the negligible amount of research published by general practitioners" is, I think, a demonstration of a gross lack of information and good judgment.

Finally, in summary, I think all this article does is greatly increase general practitioners' guilt at being general practitioners. I am afraid we are going to have to go on for many years documenting what we do, and beginning to measure the quality of what we do ourselves. Hopefully, one of these days, the rest of medicine will begin to listen to what we say and talk with us, instead of coming to judge us for being different.

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REFERENCES

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