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CORRESPONDENCE

ROYAL CHARTER

Sir,

A copy of the Royal Charter has now been received. This now replaces our Memorandum and Articles of Association, which previously controlled our activities, as a company limited by guarantee. The assets of the previous limited liability company are being transferred to the new chartered body, on completion of which the company will be wound up.

The Charter confers on the College a legal status which is higher than that of a limited company and which exempts us from compliance with the Companies Act. This in itself is an important fact, more particularly since U.K. companies are now being required by law to conform to the practice of companies in the European Economic Community.

In addition, the controlling authority for any amendments we may require to make to the Charter or the Ordinances is now the Privy Council, as opposed to the Department of Trade

and Industry and the Registrar of Companies for previous amendments to our Memorandum and Articles of Association.

The legal status of the College as a chartered body is also important in that, in practice, the College would be regarded by any Ministry as the recognized authority on academic matters in general practice and would undoubtedly be consulted on all relevant problems which may arise in the future.

Printing of the Charter, Ordinances and By-laws in book form is being put in hand to replace the existing booklet.

DONALD IRVINE
Honorary Secretary of Council

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PRESCRIBING IN GENERAL PRACTICE

Sir,

The astronomical rise in the prescribing of psychotropic drugs has been described and commented upon by Parish (1971) in a supplement to this *Journal*. It seems likely that as an awareness of these facts impinges itself on the consciousness and consciences of general practitioners, a great deal of future research on the subject will result. The description by Wells (1973) of how he stopped prescribing barbiturate hypnotics in his practice, is an excellent example of one genre of this kind of activity.

My purpose in writing is to warn of the danger of an over-simplified view of the subject which is inherent in his work. Repeat prescriptions have often been regarded, or ignored, as the stigma of inferior care in general practice. The study by Balint *et al.* (1970), however, suggested that the repeat prescription was not only a form of treatment but was also a form of diagnosis—a diagnosis of the illness in terms of the doctor/patient relationship.

One of the findings of that study was that the drug had become, for these 'repeat prescription patients', a necessary substitute for a more intense doctor/patient relationship. The pharmacology of the drug seemed to be a not very relevant factor. Perhaps the explanation for Dr Wells's success, not only in changing these patients from barbiturates to nitrazepam but also in converting 41 per cent of this group of patients from a barbiturate to no hypnotic at all, is best understood in terms of his sentence: "Throughout the transition period, a close watch was kept on all the patients involved. . . ."

In the Balint study we noted that the attempt to dismantle the repeat prescription regime usually had one of three outcomes. First, after a very short period of unrest the repeat prescription was re-established (though sometimes the medicament was changed, for example from a barbiturate to nitrazepam). Second, the disturbance of the

regime resulted in a marked disturbance to the patient's health with repeated episodes of illness and anxiety on the part of the patient, often leading later to a new repeat prescription situation. Third, and this happened very rarely, a more realistic relationship between doctor and patient was established and the doctor was able to give the patient real help with some of the underlying problems which had previously been untouched. It would be very interesting to know what changes there were, if any, in the illness behaviour of Dr Wells's group of patients during the two-year periods before and after the change in regime.

The College has expressed its view (1972) that the general practitioner's diagnosis should be composed simultaneously in physical, psychological and social terms. We should perhaps encourage an approach to general-practice research which takes into account all these three modes of the illness.

Dr Wells is suggesting that a policy of dismantling repeat prescriptions of barbiturates should be instituted in other practices and hospitals. His motives are excellent but his argument is pharmacological rather than holistic. It may be that he is right, but if we are to measure the human profit and loss of this sort of activity, then we need a holistic approach to the accounting. Future research should be planned with this in mind.

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CHOOSING A PRACTICE

Sir,

Two recent articles have looked at the problem of fitting the right doctor to the right practice (Graham, 1972; Barley, 1972). During the last nine months, I, usually accompanied by my long-suffering wife, have attended 15 interviews in search of our ideal practice. I made two definite applications and succeeded with the second one.

It may seem elementary, but before beginning the search it is worth being sure of one's reasons for joining a partnership. The basis of partnership is sharing and partners, I think, should share the following: