

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.

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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:

1. Money
2. Material facilities—buildings, equipment, etc.
3. Ancillary staff
4. Rota and workload
5. Teaching and research
6. Experience.

One can examine the prospectus and conduct the interview (unobtrusively) with these headings in mind. In this way it is not difficult to find out about the first five. The question of money is a significant omission from Barley's paper. Allowing for inequalities before parity all income should be shared equally; once individual partners start pocketing cash payments the seeds of dispute are sown. I think it wise to be frank about money at the interview but to wait for the partners to bring the subject up first; they almost always will. It is common for all income to be shared except seniority awards. In which case most trainees that I know would insist on keeping their vocational training allowance.

Barley mentions the desirability of having accounts and agreements to hand; I would agree that it is nice to see them but hardly possible to interpret them at an interview; it should be possible to have copies sent to a serious applicant after the interview so that he can study them at his leisure and obtain his trainer's advice.

I am glad to see that a number of Graham's candidates brought up the subject of a retirement clause. Nothing is worse than a senior partner who goes on for ever. One never knows what *anno domini* may do to a brisk 40-year-old, or even to oneself.

I did not seriously consider joining a practice that did not have a trainee or was not interested in having one soon. Among excuses I heard were . . . "the practice is not big enough" and "the patients would not like it", and even "well, don't you think it's all a bit of a waste of time". Some practices may have felt threatened by a trainee.

If one is interested in research the prospective partners should be sounded out at the interview; research is an uphill struggle at the best of times and it will be even harder if you do not have your partners' co-operation (Hardman, 1971).

At an interview it is difficult to find out about the more nebulous concept of shared experience. Some partners do not even share the interview; one is taken round from partner to partner spending an hour or so with each. On a daily basis do they learn from each other, criticise each other's medicine and share their clinical problems? Hull suggests that the latter happens rarely. If one can stand the tension, a few days in the practice as a supernumerary or as a locum may tell all.

Two other points. Before an interview I looked up the partners in the *Medical Directory*; afterwards, once my mind was made up, I wrote and let them know immediately. This is only polite, and it will help them, and, if one says 'no' it should make no difference to the payment of your travelling expenses, but you cannot be sure.

Finally, if the right practice does not turn up it is worth considering the executive council vacancies. An attractive single-handed practice, with potential for expansion might be a better bet than an unsatisfactory partnership.

I am indebted to the kindness and hospitality shown by each and every practice I visited.

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GENERAL PRACTITIONERS AND CONTRACEPTION

Sir,

In the December *Journal* you published a letter from us in which we stated that we had decided to prescribe the contraceptive Pill on National Health Service prescriptions to all our patients who requested it.

It has now been pointed out to us that we may have committed a breach of our contract of employment under the National Health Service. In view of this we have decided to revert to our original procedure of issuing private prescriptions, except in cases of medical need.

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MURIEL YATES

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SPORTS INJURIES

Sir,

The Institute of Sports Medicine is endeavouring urgently to compile an authoritative medical guide on:

- (a) Common injuries in the more individual, combative or martial sports 'though not excluding outdoor pursuits;
- (b) Necessary safeguards against such injuries.

If any of your readers experienced in these matters would be kind enough to forward such information, the Institute would be immensely grateful.

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