What nobody is sure about . . .

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The microbe is so very small
You cannot make him out at all
But many sanguine people hope
To see him through a microscope.
His jointed tongue that lies beneath
A hundred curious rows of teeth;
His seven tufted tails with lots
Of lovely pink and purple spots
On each of which a pattern stands
Composed of forty separate bands.
His eyebrows of a tender green . . .
All these have never yet been seen
But Scientists, who ought to know,
Assure us that they must be so.
Oh, let us never, never doubt
What nobody is sure about.

With apologies to Hilaire Belloc.

When I had finished reading the turgid prose of *The Future General Practitioner—Learning and Teaching* I found that I had indulged in a bad habit of mine, which is to write comments in the margin, more often than I recall ever having done before. My problem, however was that most of the comments were not constructive, consisting largely of such expletives as " Oh Brother," " Coo " and " Pull the other one." I had therefore to sit back and look at the book as a whole.

In the first place, I do not believe the definition of general practice upon which the book is based is valid. There is talk of " delegation, where necessary ", of " accepting the responsibility for making an initial decision *on every* problem his patient may present him ". Our colleagues in hospital and certainly those in associated professions in the community *and* our patients, will tolerate the central role of the general practitioner only in respect to his concern for disease and health in its narrowest sense. When we tramp into the wider fields of society, theology, and education we must go hand in hand acknowledging the leadership of social workers, priests and health visitors, whose own professional training has fitted them for that role.

This is a fundamental view which I failed to find expressed anywhere in this book.

It is said that a camel is a horse designed by a committee. I can think of few committees who have proved so useful or could last so long without liquid refreshment, but perhaps it is the strange imbalance of the animal that counts. In that case the *Future General Practitioner* is a camel for it consists of a central hump of educational theory from which dangle—for they certainly don't support it—four legs: learning theory, behavioural theory, sociological, and psychological theory. It is difficult to believe sometimes that the book is about medicine at all.

Imbalance of content

The committee of authorship themselves seem to have been in difficulty, and after their style, frequently remark that certain matters are left out as they are adequately dealt with elsewhere. Do they feel this I wonder when dismissing old age in one page and yet spending three on the well surfeited subject of sex. The concept of a team of professionally qualified people who work together, upon which the whole future of medicine—not just general practice—depends is equally lost in one page. Human development about which we know little that is *not* factual and human behaviour about which we know little that *is*, consume 32 and 45 pages respectively. Yet the subjects with which we are most concerned, health and disease, are restricted to 40 pages.

* Based on a speech at the College Tutors' Conference at Oxford, September 1973.

Recently C. P. Snow wrote:

"I would like to say what has been obvious enough to persons in touch with their own experience and the experience of their children. From the moment of conception, the instructions are encoded, each of us is set certain limits. If our environment is totally unfavourable we won't even start. But even if the environment is the best possible the limits are there . . . I find it difficult to understand, even granted the enormous human capacity for self-delusion, the megalomaniac hopes of youth, how any person with a modicum of insight can watch his own life and the lives of those around him and come to any other conclusion."

I shall not be forgiven for introducing a further note of discord when I suggest that this book has arisen not from an examination of the needs of our patients or of society, but from the unhealthy introspection of doctors, many of whom still follow the precepts of latter-day psychologists, blind to the genetic inadequacies of their patients. However much better the doctor feels for providing an explanation, it will do little good for the patient who does not understand his meaning, or his intention.

That there are psychological problems in general practice no one disputes, that some 15 per cent of patients attend surgery with emotional problems we can accept. About half of this group are recognisably suffering from marital and bereavement problems. But what is being suggested to the future general practitioner for the remainder of this group? It is as one psychiatrist put it "to sit there watching human beings going through hell" and ready to say "tell me about it" or "What would *you like* to do". How dare they call this medicine!

In forensic psychiatry where many of the most difficult behaviour problems are to be seen, it is well established that the one to one relationship is not helpful and that the management of behaviour disorders in the community is unsuccessful because we lack the multidisciplinary approach available from a professional team. Yet the team is dismissed in one page.

Some failures of general practice

There is widespread public dissatisfaction with general practice and general practitioners. Much of it arises from poor organisation of the practice, poor examination of the patient, and poor prescription of treatment. Three aspects almost totally ignored in the training of our future general practitioner.

A recent survey has shown that more than a third of practices do not possess a vaginal speculum; nearly a fifth had no equipment to test urine. Perhaps even worse, 30 per cent of practices who had the equipment never used them. An enquiry I undertook about five years ago among 2,000 established general practitioners showed that the management of respiratory and cardiac conditions is well understood, but the interpretation of clinical pathological reports and the recognition of drug side-effects and contra-indications were areas of considerable ignorance.

Perhaps someone with experience in both general practice and hospital fields will know why outpatients are held for the treatment of warts or the continued supervision of diabetics, many of whom are elderly and well controlled by diet alone. Why did it take a hospital consultant to point out that many patients suffering from cardiac infarct are better cared for at home. Sir David Smithers has recently questioned why our patients are being sent to the wrong hospitals for the treatment of cancer.

What has happened to health education? Less than ten per cent of teaching practices actually indulge in it. The power of the general practitioner standing four square in his own subject could have wiped this country clear of cancer of the lung and cervix and gone a long way to relieve the problem of breast cancer if we had not been saddled with the continuing belief in the importance of minor psychological problems presenting in practice. This book reaffirms that unfortunate belief.

The long hair and dirt of a youth in rebellion may be fine as an excuse for his adolescent problems; can *no one* tell him that half his problems would disappear if he cut his hair and washed. Far be it from me to stop anyone who has the time or inclination to listen to the saga of his sexual conquests, but as a doctor I question the value either to him or to society of ignoring his scabies and venereal disease. But this is what is happening as general practitioners struggle to resolve the deeper psychological reason for his unrecognised skin eruption.

I come now to the chapter on tactics of learning and teaching; you will by now have realised that such is the state of education that no one is sure which is which.

This chapter is written with immense assurance, so much so that I am led back to my opening remark " Oh let us never, never doubt, what nobody is sure about." It reminds me too that the self assurance of teachers of educational theory is responsible for at least some of the rising tide of illiteracy in this country. We may ask why, after 2,000 years in which these methods have been used, is it necessary to explain how they work. The answer lies in assessment I suppose, but how you assess the results of a process-orientated-interactive-group reaction remains a mystery.

Perhaps my choice sentence from the whole book is one in the last chaper which sums up for me the misdirected thinking of the committee of authorship.

" We concentrated on behaviour rather than experience because we were looking for what can be observed and measured and assessed."

This Royal College has in the not so distant past rescued general practice from its neglect of research and learning. Now let us protect it from those who would lead us into the professional fields of sociology through the doubtful theories of education and behaviour.

REFERENCE

Royal College of General Practitioners (1972). *The Future General Practitioner—Learning and Teaching.* London: British Medical Journal.

EXCERPT FROM EVIDENCE OF THE PATIENTS' ASSOCIATION TO THE MERRISON COMMITTEE

. . . The regulatory body should have a supervisory role. We see no need for it to lay down uniform standards throughout medical schools in the United Kingdom. The curricula in them should be subject to its approval, however, and it would have the right to require modifications in them, so as to achieve a coverage and content which it regarded as a necessary minimum. For example it might require a compulsory course in community medicine. The qualifications laid down by the Royal Colleges should also be subject to its approval.

. . . We attach much more importance to machinery (than to rules about advertising and canvassing) for ensuring that a reasonable level of competence is maintained by a doctor. This is a particular problem in the case of general practitioners; with hospital doctors scrutiny and criticism by colleagues and superiors is easier. It is in this area, as regards general practitioners, that the division of function between the regulatory body and the Executive Councils/Family Practitioner Committees seems particularly clumsy. To some extent the latter bodies become involved with competence through their powers as regards adequate premises and the like, but it is incidental to their main functions. We believe that the regulatory body should have a general-practitioner inspectorate; it might well be run jointly with the Family Practitioner Committees so as to ensure close liaison with them. The inspectors should visit practices and take a general view of the way they are run as well as looking at particular indicators (e.g. tidiness, arrangement of premises, records and the like). They would be similar to HMIs in the scholastic world, i.e. they would be reporters rather than policemen. Failure to pay regard to an inspector's recommendation could lead to a disciplinary hearing by the regulatory body and a reprimand, suspension, or erasure.

We should like to see more stress laid on "abuse of professional confidence" as a subject of disciplinary proceedings than there is at present—or so it seems to us.

All doctors should satisfy a physical and mental health test as a condition of registration. Control thereafter could only be exercised through the reports of the inspectors or by area health authorities. Doctors could be deregistered if there were reasonable ground for the regulatory body to think that their treatment of patients was likely to be impaired by disability.