varies directly with the seriousness of the disease, or that the general practitioner felt the communications to be adequate simply because he considered the disease to be one more suitable for hospital management than his own care.

The second major criticism of this paper then, is the lack of data and statistical analysis. The author makes a large number of statements, few of which are quantified. For instance, Dr MacCarthy tells us that " 50 per cent of general practitioners considered that they gave medical attention more often than usual to other members of the child's family ". If this is true, it is surely important. Where are the figures? How nice it would be if the author could show this remark to be valid, and how much better if he could compare such a pattern of use with that of families of children suffering a non-fatal disease like asthma or epilepsy.

Some very strange throw-away remarks are also made without further substantiation. Take the following for example: " no general practitioner had himself contacted the school medical officer " —why should he?; " bone marrow biopsy . . . is no more difficult than a lumbar puncture, *and may be as life-saving* "—are such investigations *ever* life-saving?

Management of leukaemia in a child must be one of the more difficult tasks a general practitioner may face in his career, albeit that the odds of meeting such a child in that whole time are seven to three against. Dr MacCarthy's simplistic and non-analytic article tells us nothing that could be useful in such a circumstance.

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THE ETHICS OF QUESTIONING RELATIVES AFTER BEREAVEMENT

Sir,

I would like to comment on Dr McCarthy's article (April *Journal*).

I note that Dr McCarthy interviewed 64 mothers of leukaemic children, *approximately 27 of whom had died* two to three years after initial diagnosis. The author's justification for such questioning about an event, which probably ranked as one of the most painful of their lives, are memories that fall into three categories: firstly, the recall of the child's symptoms before consulting the general practitioner; secondly, details of any subsequent interactions with the health team; lastly, an assessment of satisfaction or otherwise with the general practitioner's preliminary treatment of the child.

Recall of the child's symptoms after two–three years seem hardly likely to be accurate: the maximum recall period permitted for symptoms is generally taken as 14–21 days. However, Dr McCarthy informs us that recall was clear (how do we know?) *precisely because* each occurrence surrounding this situation was still so painfully present to the mothers.

The second category of information sought, relating to subsequent interaction with the health team, is surely best gathered from those insolved: the general practitioner, and health visitor. The facts obtained may, however, relate to the last category of satisfaction with the general practitioner's care. If this is to be the justifying item of the interview, one would wish to know rather more about the author's methods. The information presented here does not seem in any way to justify such an appalling intrusion into a deeply painful event of people's lives.

I feel that this type of work has deep ethical implications to which the author seems insensitive. This article gives no indication of a possible work of merit which would justify the exercise.

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REFERENCE

McCarthy, M. (1975). *Journal of the Royal College of General Practitioners*, **25**, 286–92.

VOCATIONAL TRAINING PROGRAMMES

Sir,

Dr Lawrence Mackie in the June *Journal* is rightly concerned about the feeling that all young doctors intent upon general practice as a career should enter a three-year structured vocational training programme or ' package-deal ' after the preregistration year. As he says, many young doctors are anxious to undertake various hospital jobs of their own choosing in different parts of the country or abroad before 12 months in a teaching practice as a separate appointment. Married women may have no alternative but to do it this way.

In this region we are planning for about two fifths of doctors in training for general practice to construct their own training either fully or partially. We have a small number of two-year programmes and a reasonable number of extra teaching practices over and above the requirements of the three-year scheme for this very purpose.

What is important is that these trainees (and their teachers) be fully integrated into the regional educational organisation. Let us stop thinking of them as second-class citizens.

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REFERENCE

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