

COMMUNITY MEDICINE AND GENERAL PRACTICE

DOCTORS who have chosen a career in community medicine share with general practitioners an undergraduate training which might have been designed to dissuade them from their choice. The emphasis on disease as it affects the individual and the neglect of preventive medicine and epidemiology have meant that few practising doctors inside or outside hospital have any real understanding of the role of the community physician. Lack of understanding has been a frequent and continuing complaint of general practitioners: community physicians have even greater justification for making the same complaint.

The main concern of community physicians has moved away from purity of food and water and the control of communicable disease towards the quality of care, cost-effectiveness of health services, and the prevention of non-infectious disease. Thus the area of shared interest with general practice has increased, unfortunately there are few examples of shared responsibility.

Good working relationships depend upon good communication and mutual knowledge and respect. These can only be achieved by personal contact. The involvement of doctors from both disciplines in district management teams helps but in addition community physicians should be frequent and welcome visitors in general practices. There is much to be said for regular meetings at which the problems of the smaller community served by an individual practice can be discussed with the community physician and related to the problems of the wider community of district and area.

Vocational trainees in both disciplines require experience in each other's field. The Royal College of General Practitioners has perhaps been more active in suggesting that trainee community physicians have experience in general practice than in stressing the importance of a real understanding of modern public health to every family doctor.

More than a reorganisation of the National Health Service is required to achieve real, essential, and close co-operation between the branches of the health services. Traditional concepts of role, misunderstanding and ignorance have all played their part in inhibiting development. We can no longer afford the luxury of our unjustified paranoias. We should be doing something about it.