one week of night duty per year. He would easily cope with seven to ten visits per night and would sleep in the day in the same way as other night workers do. The disadvantages are those of any rota system in which the patient would not necessarily get their own personal general practitioner, but at least the control of who does the emergencies remains in our own hands as it does not with emergency call services. The general practitioner on night duty would have a radio 'phone in the car and be " cruising " between the telephone message station and various calls.

An additional problem for those general practitioners who are trainers is that they could have a trainee during a six month period and not actually be on night duty during that six months. However, it seems to me that one week of night duty by the trainee in company with a senior general practitioner, not necessarily the trainer, during his six months training would be ideal, as he would see 70 to 100 a night emergencies during that one week—far more than he would expect to get under normal circumstances during his six months traineeship. There is also the problem of a locum for the general practitioner on night duty to carry out his normal day time duties. This does not present many problems in a large group, but it does seem to me that again, it would be exceptionally good training for a young doctor undergoing vocational training if, in his final month, he " took over " the day-to-day running of a practice while still remaining under supervision of an experienced general practitioner. This scheme would require the trust and co-operation of the 50 or so general practitioners concerned and I am not sure that we would yet be able to generate this trust and co-operation!

N. H. BARLEY

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Sir,

Back in the 1920s most people were prepared to accept with approbation a Jingoistic address by Rudyard Kipling, likening doctors to front-line soldiers, bravely fighting to protect mankind from the ravages of disease. Times have changed. We all know that the concept of the family doctor who was said to be on call for 24-hours in the day, and who cared for his patients from the cradle to the grave was a gross exaggeration.

Most people, including our patients, favour the easing of our burdens, and even those of us who look back upon the hardships of our early days with nostalgic pride, have to admit that it is not ideal for sick person's treatment to hang on the decision of a young doctor who has not slept for 36 hours.

One cannot, however, help being appalled that today the pendulum has swung too far, away from consideration of the patients' welfare, to the over-protection of the general practitioner. It is commonplace now for the family doctor to move well out of his practice area, clearly demonstrating his desire to get right away from his patients; and for the same reason, he keeps his home telephone number ex-directory. Remote in the deep recesses of his health centre, he avoids visits and repeat visits as much as possible, delegates as much work as he can to the nurse or the health visitor, while he is shielded from direct access from his patients by a screen of receptionists. He may well be unaware how disconcerting this is for the patients.

Two myths have been encouraged to grow in medical circles recently. The first is that *most* patients do not really need a doctor for their ailments, and with a little more moral fibre, they could deal with the illnesses themselves. The second is that anyone who is *really ill*, does not mind which doctor he sees. While it is true that most patients will indeed get better without the help of a doctor, it is only a small minority of patients, say five per cent, who are really over-demanding and tiresome folk. Most who seek our help are thoughtful people making reasonable demands on the service. Many doctors are possibly under the impression that their own patients can see them more or less on demand, and this is indeed true if the patient is determined, or knows how to use the system. For instance, few doctors would refuse to see any patient who wrote a letter asking if he could be seen at some convenient time.

Unfortunately, we cannot always be ill at convenient times, and whereas notices about in the waiting room saying clearly, ' ONLY STRICT EMERGENCIES WILL BE SEEN ON A SATURDAY MORNING ', or ' ALL MESSAGES FOR VISITS MUST BE IN BY 10 A.M.', I have never seen one giving clear advice to say, ' HOW TO CONSULT YOUR OWN DOCTOR.'

Ever since our College was founded, it has been stressed that the doctor-patient relationship was the lynch-pin of family practice, and without this bond one is virtually practising at a veterinary level. While the patient may accept the care of some other physician in an emergency situation, he would always much prefer his own doctor, and in the long term he does not want to be cared for by someone else. Gross overwork and abuse of the service should by all means be avoided, but a grudging impersonal attention gives satisfaction to neither the patient nor the doctor. If any branch of clinical medicine becomes strictly confined to office hours, it will lose its soul. No one in any walk of life does a worthwhile job, if he is constantly thinking in terms of hours of work or conditions of service. No man yet succeeded in business without being willing to work until the job was done; no teacher worth his salt found satisfaction in his career, or made a real contribution to teaching, if his eye was constantly on the clock.

Medicine is no different, and some of the best work we do in general practice is the unexpected task we are called on to perform, out of hours and beyond the call of duty. Today no one expects the family doctor to be on call 24 hours in the day,

but this is a far cry from being completely unavailable to patients except from nine to five.

C. A. H. WATTS

2 Tower Gardens,
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Sir,

I was most interested to read your two articles about out-of-hours calls side by side in the January *Journal*.

Two interpretations could be placed on the results. In one article, an experienced family doctor claimed that 50 per cent of calls were genuine emergencies and only seven per cent were totally unnecessary. In the other article, a hospital doctor (Dr Gabriel) working for the emergency call service, claimed that only 14 per cent of calls were medically justifiable.

From these reports, it seems to me that vocational training which turns a 'hospital doctor' into a family doctor is fully justified. In one case, the hospital doctor needed further education as to the meaning of 'emergency calls' with all their implications.

The alternative is that the practices which he was serving were so badly organised that the patients had no training in the proper use of facilities by the principals concerned. In either case, the figures in both studies would have been much more comparable if Dr Gabriel or the principals of the practices using emergency call service had been vocationally trained.

K. J. BOLDEN,
Senior Lecturer

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Sir,

Your editorial of January 1976 states that " the triple interests of patient, profession, and government are likely to be best served by some variation of the system of extended cover ".

As is often the case when this view is expressed, no evidence is offered to support this. The statement that deputising services are " inevitably often provided by doctors with no experience of general practice " is not evidence, as it is inaccurate. The view that the " service " has no personal knowledge of the patient is irrelevant, as this often applies to the extended cover system.

How long will the College take to remove its blinkers of tradition, and realise that the only rational system in all but the most rural of areas is the deputising service? Then perhaps we can get on with the relevant debate about how (not if), these services should be organised.

If the College continues with its present attitudes it will be in no position to influence the standards of these services and it will alienate a good many of its members and other general practitioners.

It is worth noting that approximately 80 per cent of general practitioners in areas where deputising services exist, use them. Are 80 per cent wrong or uncaring?

R. E. FITZWATER

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Editorials in the *Journal* should not be taken to represent the policy of the College unless this is stated.—*Ed.*

Sir,

It was with interest that we read your two articles on emergency night calls one by Dr Lechston and the other by Dr Gabriel (January *Journal*) each of whom reached opposite conclusions from their individual experiences.

We felt that perhaps the general practitioner's involvement with a night visit would be regarded as part of his total care of a family unit, and thus make him more likely to consider a visit as urgent or necessary because of this, rather than a purely clinical view, as might a deputising service doctor who will never be acquainted with the patient again.

Having said this, we would like to compare the experiences of these two doctors with our own. We form part of a large group practice of ten doctors in a mixed urban rural community of 30,000 patients, and at weekends we employ a commercial deputising service.

We have found that the incidence of night calls does not alter from weekdays to weekends, nor does the degree of urgency of the visits requested.

From our records of the weekend visits by the deputising service, we note that of 56 visits over 52 nights, approximately nine were felt to be unnecessary (15 per cent), by us, not the deputising service doctors.

During weekday nights when members of our practice were on duty covering the same six month period, 14 per cent of the calls were deemed totally unnecessary, and of the rest 50 per cent were necessary and 50 per cent urgent.

Finally, we do not feel that a small charge would deter " trivial " night calls, more likely to do this would be the removal of the bedside telephone to a spot down the cold wet road.

DAMODAR B. NEGANDHI
ROGER C. LONGBOTHAM

The Health Centre,
Horse Fair,
Rugely, Staffs.

SEEING OF THE SAME DOCTOR

Sir,

I read Dr Aylett's article (January *Journal*) with great pleasure and interest, and I would like to add a short comment.