

summer it is hoped to launch a correspondence course for those out of reach of a live class.

Further information may be obtained from the Honorary Secretary, Mrs Amber Lloyd, A.I.H.E., Dunesk, 29 Burwood Park Road, Walton on Thames, Surrey KT12 5LH.

SESAME

SESAME offers a treatment which can help to

recreate an awareness of the senses in the physically and mentally handicapped by making demands on concentration, creativity and initiative, perseverance, and relationships; SESAME training is available to those working throughout the field who may wish to bring the application of drama and movement into their part of the treatment team.

Further information can be obtained from: SESAME, 8 Ayres Street, London SE1 1ES.

CORRESPONDENCE

PREGNANCY TESTS

Sir,
Prevailing economic stringencies call into question the necessity of many requests for early diagnosis of pregnancy. During the past four years our laboratory has received a progressively increasing demand for pregnancy tests: from 5,541 in 1972 to 6,958 in 1975. In 1975 the cost of material used for these tests was approximately £1,400; this figure did not include the much larger cost of technical and secretarial time, transportation, and postage.

We have tried to persuade the general practitioners in this county to limit the test to women in whom an early diagnosis of pregnancy is required for specific medical reasons. However, many inform us that in practice they can not refuse to send urine from any woman who wishes an early diagnosis of pregnancy even when this is for domestic, social, or business reasons. They claim that the only solution would be to charge for all pregnancy tests sent from general practice, and they consider that most women would willingly pay a fee, e.g. £2 per test. Surely this justifiable source of income for the National Health Service should be organised?

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RECORDING CONSULTATIONS

Sir,
I was interested to note that Professor Byrne (February *Journal*) reported that very few patients refused permission for audio-tape recording of consultations for research purposes.

As he rightly points out, different considerations apply to the use of videorecording. However, my experience of videorecording of consultations, as they took place in doctors' surgery premises, indicates a similar low rate of refusals.

I have videorecorded about 300 such consultations during the past two years, mainly for teaching purposes. As the patient enters the consulting room, and before the reason for consultation is known, the nature and use of the videorecording is explained and permission sought. After the

recorded consultation, the patient is given an opportunity to withdraw permission and have the recording erased. Only then is he asked to give full written permission for the educational use of the recording. There is, therefore, no real pre-selection of patients and only five patients have refused permission. In these cases the complaint was usually of a delicate nature. One patient withdrew oral permission after recording had been completed and this consultation was erased. Some further consultations have been erased at my own instigation, to protect the patient, even although permission was not withdrawn.

If the following pre-conditions are met, acceptance of videorecording by patients appears to be high and behaviour of patients insignificantly affected:

- (1) Equipment should be minimal, unobtrusive, but visible to the patient. (Other workers have found that patients are more distracted by looking for hidden equipment than by clearly visible equipment.)
- (2) The distraction of additional lighting should be avoided.
- (3) If possible there should be no visible or audible indication that the equipment is operating—again, to avoid distraction. Indicator lights can be covered and monitor screens, if necessary, placed in such a way that the picture cannot be seen by the patient.
- (4) The equipment should be simple enough to be capable of being operated by the doctor himself, so that the intimacy of the consultation is disturbed as little as possible and also so that, if necessary, recordings can be made without being seen by non-medical staff.

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REFERENCES

- Byrne, P. S. (1976). *Journal of the Royal College of General Practitioners*, **26**, 126.
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