

Lockstone, D. R. (1976). *Journal of the Royal College of General Practitioners*, 26, 68-71.

LABELLING VACCINES

Sir,

Human fallibility being what it is, it seems highly likely that at times, in the middle of busy immunisation clinics, triple vaccine has been given when a mother specifically requested that pertussis should be excluded, or it has inappropriately been given to a four year old having his pre-school booster, and so on.

There, but for the Grace of God . . . or maybe, unwittingly, there in spite of the Grace of God . . .

I have often wondered whether the pharmaceutical companies who manufacture vaccines have ever considered putting their heads together to devise a colour coding of labels similar to the different strengths and preparations of insulin? It would seem that such a measure would improve the efficiency and safety of the immunisation programme.

P. HICKMAN

The Surgery,
North Curry,
Taunton,
Somerset.

MULTI-DISCIPLINARY COMMUNICATION

Sir,

Few doctors do not harbour a secret wish to communicate with the hundred or so other professionals in their immediate vicinity. In some areas, a loosely constituted luncheon club meets once a month for a vague lecture, and makes the faithful feel less guilty. Seldom is any real attempt made to come to grips with the problem. Here is a suggested model.

Firstly, about 12 people are encouraged to form a central executive group. Six of these are known for sensitivity, awareness and skill in small groups ('enablers') and the other six are known for lively, stimulating ideas, social contacts and practical ability (idea-and-action people).

The committee then stimulates the formation of up to six study groups, each containing up to ten professionals from different walks of life, with a balance of personalities, interests, occupations, and ideological attitudes. In addition, each group contains one 'enabler' and one 'idea-and-action person' derived from the central committee.

Meeting one evening a month, each group is chaired and organised by one member in turn. At the end of the year, after ten meetings, the group is terminated and a new membership devised for the following year. Commonly the first meeting is chaired by the 'idea-and-action'

person for the purpose of planning the forthcoming meetings. Subsequently a brief summary is provided by each member of the proceedings of the meeting for which they were responsible. The final meeting is conducted by the 'enabler' for the purpose of reviewing the progress and achievements of the group. The initial plan, on-going summaries, and final report are collated and submitted to the central committee for future planning, and possibly for general circulation.

Needless to say, this model is as applicable to a single discipline (e.g. all the local family doctors) as to multidisciplinary communication, catering for any number between two and sixty. Individual members (and individual groups) are at complete liberty to plan a varied, stimulating programme. Excursions, invited speakers, films, cultural events, unusual or radical topics for discussion would all be in order.

Within the space of five years, one would come into intimate contact with up to 50 different professionals from the local scene. With a minimum amount of work, and little expense, a considerable amount of pleasure and professional learning could be achieved.

D. M. SMITH

*Member of a steering committee to
improve communication between
the caring professions.*

Castlefields Health Centre,
Runcorn,
Cheshire.

THE ETHICS OF QUESTIONING RELATIVES AFTER BEREAVEMENT

Sir,

I would like to comment on Kate Danaher's, letter commenting on Dr McCarthy's article.

At a recent weekly seminar for seven trainees in the South-east Lincolnshire vocational training scheme for general practice, the chosen subject was *Bereavement*. After a technique which is proving very successful for a variety of topics, I selected seven patients from my practice who has suffered bereavement.

I obtained the agreement of each, to meet "a young doctor training to be a general practitioner" and discuss what bereavement had meant and did mean for him or her for approximately one hour. Subsequently, the seven trainees with two trainers discussed what they had learnt from "their patient", and it was generally agreed that a fruitful learning experience had been achieved.

I was not unmindful of the sensitivity of the memories that I was asking my patients to recall; when thanking them afterwards I found that they appreciated the opportunity to discuss their feelings with sympathetic listeners, and felt better as a result, were pleased to take part in educating the general practitioners of the future, and not

one regarded their interview as an appalling intrusion into their lives.

R. MACG. AITKEN,

The Surgery,
Church Street,
Spalding,
Lincs.

REFERENCE

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

THE TEAM

Sir,

The article, in the October *Journal* was amusing to read at first and it gave the impression of being a satire of other such vague articles you have published. It was only after study that it became obvious that it was meant to be taken seriously.

Eight pages of your *Journal* were used. Without loss of useful information it could have been condensed into a single page.

Venn diagrams and logic flow patterns are given, in this and other articles, a great deal of space, yet it is plain that the authors have studied logic little and modern mathematics not at all. They had better keep to words.

It is true that the whole field is in its infancy and some contribution may be better than one, but could we have more facts and fewer redundant words?

P. J. DOLLIS

Francesca,
Old Hall Lane,
Whitwell,
Worksop.

Sir,

I would like to congratulate you on the article *The Team* by Drs Lamberts and Riphagen which was quite outstanding and in the very highest tradition of organisation. It was a pleasure to read it.

R. M. RIDSDILL SMITH

Thornhills,
732 London Road,
Larkfield,
Kent. ME20 6BG.

REFERENCE

Lamberts, H. & Riphagen, F. E. (1975). *Journal of the Royal College of General Practitioners*, 25, 795-52.

ABORTION

Sir,

I am writing to express grave disquiet over the contents of the Marie Stopes Memorial Lecture entitled *The Compulsory Pregnancy Lobby—Then and Now*. This is a disgraceful piece of

journalise, unworthy for publication in a journal of any academic standing. It is a blatant piece of propaganda containing partial and inaccurate material much of which is highly emotive. Some of it is so misleading and the rebuse of the truth is to be justly described as malicious. Much of it will certainly be most offensive to Catholic doctors.

An article of this nature advocating unrestricted abortion as a method of birth control, is grossly at variance with the declared objects of the College, and the best aspiration of general practice. It is enough to cause one to doubt whether the College supports those parts of the Hippocratic Oath and the General Declaration 1948, which express an undertaking "not to aid a woman to procure an abortion", and "maintain the utmost respect for human life from the time of conception even under threat".

Can it be true that the College is prepared to compromise the precious trust that she has received from the past. Where does she stand?

J. BEATSON-HIRD

39 Weoley Hill,
Birmingham, 29.

Sir,

In her article on *The compulsory pregnancy lobby* (October *Journal*) Mrs Madeleine Simms confuses the issue, no doubt deliberately, between contraception and abortion. She also is less than fair to the attitude of the Anglican Church in quoting from the report of the Lambeth Conference of 1930.

The current attitude of the Anglican Church on these subjects was stated in unequivocal terms in the report of the Lambeth Conference of 1958. On contraception, Resolution 115 states:

"The Conference believes that the responsibility for deciding upon the number and frequency of children has been laid by God upon the consciences of parents everywhere: that this planning, in such ways as are mutually acceptable to husband and wife in Christian conscience, is a right and important factor in Christian family life and should be the result of positive choice before God. Such responsible parenthood, built on obedience to all the duties of marriage, requires a wise stewardship of the resources and abilities of the family as well as a thoughtful consideration of the varying population needs and problems of society and the claims of future generations."

On the subject of abortion, the report of the committee studying *The Family in Contemporary Society* states:

"In the strongest terms, Christians reject the practice of induced abortion, or infanticide, which involves the killing of a life already conceived . . . save at the dictate of strict and undeniable medical necessity . . . The sacredness of life is, in Christian eyes, an absolute which should not be violated."