A FORTUNATE MAN

John Berger and Jean Mohr

Writers and Readers Co-operative
London (1976)
168 pages. Price £1.25

'John Berger is a revolutionary', we are told at the back of the book, in connection with another of his novels, and we are thus prepared for something a little different in *A Fortunate Man*. In this book, which Berger himself terms an essay, he paints a closely observed picture of the work of a rural single-handed general practitioner, Dr John Sassall.

It starts with six perceptive and sensitively written case histories, as examples of Sassall's work and his relationship with the community. Sassall came into general practice direct from the navy, where he served as a surgeon, and his initial enthusiasm was for emergencies and serious illnesses, where he was the central character. In his thirties he became more perceptive, he saw patients changing, and began to see them as total personalities; common sense, the easy answer, could not be relied on, and most satisfaction was obtained from cases where no classic explanation fitted.

Berger analyzes the doctor-patient relationship; the doctor must see the patient as the central character, recognizing the whole person, and he himself must strive to become the universal man, so that each patient can recognize himself in the doctor.

Sassall's close relationship with the community is portrayed. The local people are both educationally and culturally deprived, and they respect Sassall for being able to understand their emotions. Their inability to express feelings does not imply simplicity; it represents lack of education. Berger describes the stress of encounters with despairing patients, the need to share their problems and become emotionally naked.

In the final section the author explores the political and social implications of the society described. He feels that most human lives are desperately undervalued, as people are not able to realize their full potentialities. 'Society empties the lives of those it doesn't destroy.'

One may not agree with the political analysis, but this book makes one think very hard about the role of the general practitioner and his relationship with his patients. Photographs by Jean Mohr of Dr Sassall, his patients, and the local countryside fill about one third of the book and add to the text enormously. This slim volume probably needs to be read more than once to be fully understood. It is strongly recommended for those who missed the earlier editions; it will broaden many horizons.

CLIVE STUBBINGS

TEAM CARE IN GENERAL PRACTICE

Geoffrey Marsh
& Peter Kaim-Caudle

Croom Helm
London (1976)
185 pages. Price £6.95

The excellent foreword by Professor Margot Jefferys summarizes the concepts set out in this short but readable book. She shows how primary care has changed in recent times and effectively whets the appetite of the intending reader.

The first part of the book is concerned with the workload of the primary health care team, consisting of the general practitioner, the nurse, the health visitor, and social worker. From the large number of references quoted, the workload of the average general practitioner as measured in consultations per patient per year varies between two and ten.

The delegation of routine nursing procedures by the SRN to a SEN or bath attendant gives her time to do some of the work which traditionally belongs to the doctor, such as selected initial and follow-up visiting. This in turn gives the general practitioner more time, though the six-minute-per-patient interview still appears to be maintained. While the nurse may relieve the doctor's workload, the health visitor may initially increase it. However, the authors suggest that by fulfilling her preventive and health educational role, she may eventually lessen it.

The profile of the Norton practice presented by Marsh is one of efficiency combined with a desire to maintain a personal service to the patients.

The total workload of 3·1 consultations per patient per year for the whole health care team, with the doctor element being only 2·3, seems to support the author's view that a successful reduction in work has been achieved, with neither loss of satisfaction by the patients, nor high referral rate to hospital. His secret is personal availability to his patients and delegation of routine tasks to other team members.

He states that if patients had been free to move between doctors within the five-partnered practice, such workload control may not have been possible. I assume that the other four partners of the practice would have similar reductions in workload if the practice organization and team innovations are the major factors in workload reduction. It is, therefore, an omission that their workload patterns were not included as corroborative evidence. One has to be wary that the personality and enthusiasm of the co-author is not a major factor if we are to take his implied advice and reduce the output of doctors from medical schools and recommend list sizes of over three thousand patients per doctor.

The second part of the book describes the patient satisfaction survey carried out by Peter Kaim-Caudle quite independently from the practice itself. It is here that the book scores a major first, because there have been very few independent studies of patient satisfaction with the primary health care services. He feels that further surveys should be encouraged with the specific object of making the NHS more patient-orientated rather than as a means of assessing the quality of care delivered.

The patients were generally satisfied with the service they received, although they raised objections on specific issues such as initial home visiting by nurses in place of doctors.

The authors emphasize that the maxim of the professions and the family practitioner committees who are responsible for primary health care should be 'explanation before innovation', so that patients are given the reason for any change in the service before they actually experience it.

This publication is a good example of disciplined research in a difficult field and is a must for anyone concerned in operational activities in general practice. It will be most eagerly received by the NHS planners, who will appreciate the exhortation to restrict practice areas on grounds of efficiency. They will also be pleased that a general practitioner, albeit a very special one, has declared that services to individuals must be restricted to what is 'reasonable', because of the finite nature of the resource.

SIMON JENKINS

See Editorial *How many patients?*