LETTERS TO THE EDITOR

GENERAL PRACTICE IN MEDICAL LIBRARIES

Sir,

Your editorial concern over the quality of library services for general practitioners (July *Journal,* p. 387) will be warmly welcomed by those working in the field. The most serious adverse comment you are likely to meet is that you are too modest both in your criticisms and in your demands.

It is perhaps in consequence of this modesty that you advocate the outmoded policy of reserving a separate section of the library for general practitioners. Most medical libraries arrange their books by subject, not by speciality, so that many approaches to the same subject are brought together to give each enquirer a wide choice of reading on his current interest.

You yourself point out that young doctors in all branches of medicine should have the chance to dip into books about general practice. Conversely, general practitioners should be exposed to books written for both senior and junior hospital staff. The best way to provide that chance is to ensure that general practice is adequately represented in every section of the library, not to segregate 'books for general practitioners' into an academic ghetto.

Some enlightened health authorities are now providing large multi-user libraries for both medical and nursing staff. It is customary in these libraries to integrate the bookstock, with Toohey's *Medicine for Nurses* side by side with *Price's Textbook of Medicine.* Readers from both professions, noticeably including community nursing staff, find that this juxtaposition is of great mutual benefit and creates few if any problems. I cannot believe that a shelf arrangement happily used by pupil nurses is likely to baffle a general practitioner—provided of course that general practice is as well represented in the library as practical nursing.

Book selection and arrangement is still only one aspect of the underprovision of library services for general practitioners. In this region we are concerned that the whole concept and organization of medical libraries seems to be so geared to the needs of hospital doctors that we are failing the general practitioner.

We therefore intend to set up an experimental service specifically for general practitioners and other community health professionals. A full-time librarian will be appointed to provide library and information services in one health care district. She will be based in a good postgraduate centre library but she will have her own supplementary budget and will have no responsibility for library services within the hospital. Among the services she will offer are:

A reference service by post and telephone.

A current literature service.

A literature searching service (including the use of computer searches).

A postal lending and photocopying service covering books, journals, and audiovisual materials.

A link with the hospital based drug information service.

Assistance in the selection and organization of core libraries within practices.

Advice on the indexing and organization of incoming information within practices.

And (most important) any other library or information service that is asked for or suggested during the experiment.

There is a catch, of course. Since the service is experimental it is scheduled to last only two years. During the two years the use and the cost of the service will be carefully monitored so that we can determine which services once offered will really be used by general practitioners and how much they will cost.

We hope that as a result of this experiment we shall be able to offer realistic suggestions to health authorities, medical librarians, and general practitioners on the range, style, and scale of service that libraries should be offering to this branch of the profession. In the meantime, we shall welcome any ideas and suggestions you or your readers can offer.

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References

Scott, R. B. (Ed.) (1973). *Price's Textbook of Medicine.* 11th edition. London: Oxford University Press.

Toohey, M. (1976). *Medicine for Nurses.* 11th edition. Edinburgh: Churchill Livingstone.

Sir,

Your editorial on "General Practice in Medical Libraries" (July *Journal,* p. 387) does not give a true picture of the services provided for general practitioners by medical libraries in this country.

A substantial number of libraries in hospitals and postgraduate medical centres encourage local general practitioners to use their facilities. Many assist in training programmes, have general practitioner representation on their library committees, and devote a section of books on the shelves to the subject of general practice.

The choice of books for this general-practice section is not the straightforward matter that you suggest. It should certainly contain books devoted to the organization of general practice, and those books on special subjects which have been written with special reference to general practice, but, to place arbitrarily other specialized publications in a section devoted to general practice would detract seriously from the main function of a library, which is to act as an organized arrangement of published information for the benefit of all its users.

If, as you say, general practitioners have difficulty in tracking down books of their own discipline on library shelves, the reason lies, not in the library classification, but in the absence of full-time qualified library staff, who would have organized the book-stock in the most helpful way in the first place, and be constantly at hand to provide the skilled guidance that all readers in libraries require.

The inadequacy of some hospital and postgraduate medical centre libraries is a fact that cannot be denied. This situation will not be remedied until the real worth of medical libraries to the NHS is officially recognized and until those libraries are adequately staffed by trained librarians with a proper career structure of their own, which at present they do not have.

Until these matters are put right by the Department of Health and Social Security general practitioners will find that inevitably there are local medical libraries which do not match up to the proper standards.

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TRAINING GENERAL PRACTITIONERS

Sir,

The article by Dr Murray and colleagues on "Evaluation of Structured and Unstructured Training for General Practice" (July *Journal,* p. 360) exposes some of the flaws of this type of study.

The two groups chosen are not comparable. One is a group of trainees presumably with a reduced workload, who are compared with a group of principals. This must have a bearing on the preparation for, and hence performance in, any type of examination.

The authors state that "it is surprising that the principals did not score higher than the trainees in the initial test as most of them had been in practice over a year and the examination was biased towards general-practice knowledge and skills." This is not necessarily so surprising since MEQ and MCQ techniques can be as important as the factual content of the test and rather like techniques in the driving test I suspect are produced on the day.

It would be easier to assess the value of structured training if the same group were to be tested, say, five years later.

I suggest that the true conclusion of this paper is to demonstrate the value of structured and unstructured training as a preparation for a specific test—no more and no less. Vocational training has many advantages for future general practitioners, but critics are only likely to be more critical if this type of evidence is produced in support.

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Sir,

The paper by Dr Murray and colleagues (June *Journal,* p. 360) adds more weight to the opinion held by Professor Byrne and his colleagues that structured training is of considerably more value to a trainee than unstructured. All those contributing to this paper are to be congratulated.

I am still not happy! Do I want as a partner a young man whose structured training sends him through four house jobs in the same district general hospital and one year in a teaching practice, or do I want an unstructured partner such as one who, when he applied to us, revealed he had been in Biafra for Save the Children Fund; been a ship's doctor for P & O; acquired a DCH from Portsmouth and a DRCOG from the London Hospital; been a medical registrar in London, and undertaken numerous general-practitioner locums up and down the country?

So little in general practice is MEQ and MCQ on paper: so much is sensitivity. Some have it as a gift: most of us have to acquire it. Every trainee must do a vigorous period of in-service training, working alone, and with an experienced partner, and no structure will alter the need for this.

There is still much to be done on deciding who is a good general practitioner. Attention to 'customer satisfaction' is rarely mentioned, and yet it must be one of the most important of general practice aspects because we are all patients! I have found visits to waiting rooms recently most revealing.

That training for general practice is necessary there is little doubt, but rigid structuring in these early days may inhibit many young men from seeking knowledge where they know they can find it, and this must be to the detriment of our challenging branch of medicine.

Let us make it possible for trainees to jump from scheme to scheme, county to county, and perhaps country to country. Only in this way will high standards be maintained.

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ETHICS

Sir,

A recent issue (June *Journal,* p. 367) announced that Council had set up a working group to consider the best method of examining ethical issues within the College. The decision arose after a "major debate" in which the need for an ethical committee was challenged by Professor J. S. McCormick. He felt that the essential feature of an academic institution was tolerance and that there was no need to accept that individuals had to subscribe to universally accepted beliefs. Many ethical beliefs, however sincerely held, did not depend on evidence and it was not appropriate for the profession to judge them especially when a regulating function was exercised by other bodies.

Dr D. J. Pereira Gray took a contrary view. He doubted whether existing regulations were adequate and referred to the suggestion that the Ombudsman should be involved with clinical decisions which could be interpreted as dissatisfaction by society with existing mechanisms. He felt that ethics were another form of standards and that it was appropriate for the College to have an active ethical committee. Other speakers queried the wisdom of confining ethical considerations to an ethical committee, or pointed out that the College was always making ethical statements.

The situation is clearly confused and I wonder whether all the speakers were talking about the same thing. Häring (1972) pointed out that because they represent concepts that overlap, the words 'ethos', 'ethical code', 'medical ethics', and 'morality of the physician' are often confused. He suggests that ethos comprises those distinctive attitudes which characterize the culture of a professional group, or subgroup such as general practitioners. It includes a sharing of customs and common experiences and a commitment to a particular hierarchy of values. It originates within a profession and is formulated more particularly by those who typify it in an outstanding way.

Ethos is to be distinguished from ethical code which consists of a studied effort to foster and guarantee ethos but is meant to go beyond it by assuring to physicians, to patients, and to the public a professional standard of human relationships. In other words, it draws its vigour from ethos, but goes beyond it. Ethical codes may be a guideline, such as the Hippocratic oath, or may be used to warrant a minimum of self-control within a profession, such as that laid down by the General Medical Council. It sometimes wards off the necessity for the state to legislate in medical questions.

Medical ethics represents a systematic effort to illuminate ethos and to establish the perspectives and norms of the medical profession. It takes into account the existing ethos but intends to strengthen the morality, the moral discernment, and the decisions of both doctor and patient.

The morality of the physician lies in his own perception of the proper approach to his profession. It is his way of living within the ethos of his profession and concerns his capacity to make