

tradition of acknowledging original work, regardless of its geographical origin, will soon be established.

The contents of the *Journal of Family Practice* are wide ranging. One of its most attractive features—and one where it leads this *Journal*—is the quality of reports of common clinical problems in everyday practice. One recent issue, for example, reported the complaints by patients during the development of depression, a case-controlled survey of dysmenorrhoea, and the response of practitioners to abnormal laboratory results.

As in this *Journal* there are many reports on the development of training programmes, of group work, and a strong tendency to report on studies of the family in relation to illness.

The *Journal of the Royal College of General Practitioners* has stood alone for too long as the journal of

record of English-speaking general practice. The *Journal of Family Practice* has arrived and ought to appear alongside this *Journal* in general practice sections of libraries in practices, postgraduate medical centres, and universities.

We greatly welcome the continuing developments of the *Journal of Family Practice*. We appreciate recent contacts and exchange of ideas. We recognize common aims and common goals. We look forward to continuing mutual co-operation in the future.

Reference

Journal of Family Practice (1979). Appleton-Century-Crofts. 292 Madison Avenue, New York, New York 10017. Telephone: 212-532-1700.

Patients and their doctors 1977

RESEARCH by social scientists has provided important new perspectives on the study of general practice, particularly during the last 15 years. While much valuable evidence about what goes on in general practice has come from doctors themselves, the patient's point of view has been somewhat neglected. Social scientists, notably in Wales, such as Robinson (1971) and later Stimson and Webb (1975), have helped to illuminate the patient's preparation for "going to see the doctor", but further analyses are badly needed.

Ann Cartwright's (1967) *Patients and their Doctors—a Study of General Practice*, written from the Institute of Community Studies, was a classic of its kind. It documented more fully than any previous work several of the characteristics of general practice at that time. It highlighted some of the principal deficiencies such as "31 per cent [of practitioners] had not been on any courses in the last five years". She thought then that "an inappropriate medical education and the consequent inappropriate expectations of many general practitioners may contribute to their disillusionment". Nevertheless, at a time when general practice was in considerable trouble, Cartwright reported some tangible gains. Only two per cent of patients at that time felt that their doctors were "not so good" about always visiting when asked. Two thirds felt that if they met their doctor in the street he would know them by name, 93 per cent felt their doctor was good about listening to what they had to say. Two thirds of adults had had the same doctor for at least five years.

Her widely quoted conclusion that "These are the not inconsiderable achievements of general practice at the moment" was well substantiated.

Ten years on

Nevertheless, time has moved on and changes in general practice have developed apace. The last 10 years have seen an increasing growth of group practice and practice teams, a steady move into purpose-planned premises, a rapid increase in the number of vocational trainees, and a spate of books on, from, or about general practice.

We publish today, as *Occasional Paper 8, Patients and Their Doctors 1977* by Ann Cartwright and Robert Anderson, which reports some of the changes which have taken place in general practice between 1964 and 1977 and was submitted to the Royal Commission on the National Health Service.

This report brings Dr Cartwright's earlier work up to date. It was carried out in a similar manner on randomly selected populations and included many of the same questions, although some new ones were introduced. Although many of the findings are predictable, many certainly are not; some give cause for concern.

It remains true that what general practitioners enjoy most about their work is dealing with patients as people and knowing people over a period of time. Freedom and independence have become increasingly important during the last decade.

In the interesting Table 19 Cartwright and Anderson show that the views on conditions of work in the National Health Service appear to link with the proportion of consultations felt to be trivial, so that, for example, of the doctors who considered 75 per cent or more of their consultations to be trivial, 27 per cent were "very unhappy", compared with only six per cent of doctors who were "very happy" among those who considered that fewer than 10 per cent of their consultations were trivial.

Generally speaking, 49 per cent of patients of all age groups were "very satisfied" with their own care from their own general practitioner, with an additional 42 per cent "satisfied", so that fewer than 10 per cent were found to be dissatisfied in this study.

In Table 1 there is a suggestion that patients of single-handed practitioners are increasingly satisfied compared with the position in 1964, and compared with the feeling of patients of doctors in partnership. There is a sharp increase in the number of doctors carrying out vaginal examinations with a speculum in their own practice; although 83 per cent in 1977 still seems rather low (Table 5).

Table 14 classifies general practitioners' enjoyment of their work, and reports that in 1964, 52 per cent enjoyed it "very much", and 57 per cent in 1977.

Cartwright and Anderson pursue their analysis of doctors who consider large numbers of their patients have trivial consultations, and in Table 18 analyse these doctors by other characteristics. The biggest single difference which emerges is membership of the Royal College of General Practitioners. Only 24 per cent of College members estimate that 25 per cent or more of their surgery consultations are trivial, compared with 57 per cent of other doctors. This may indicate either that doctors with different attitudes are selectively joining the College, or alternatively that taking the membership examination and maintaining membership, including the receipt of this *Journal*, may in some way alter attitudes to trivial consultations. Certainly this finding is statistically significant and deserves further thought.

Continuity of care is clearly not yet an accepted principle in British general practice, as only 33 per cent of general practitioners considered it "very important" that patients should see the same individual doctor for separate episodes of illness, with an additional 47 per cent thinking it "fairly important"; as many as a fifth regarded it as "relatively unimportant".

Similarly, when asked about the importance of different members of a family going to the same doctor, only 26 per cent felt that it was "very important", and virtually the same percentage regarded it as "relatively unimportant". There are grounds for wondering how far family care will survive in the light of the findings in Table 22, which makes it clear that it is the older general practitioners, those born before 1917, who still consider it "very important" for different members of a family to go to the same doctor (43 per cent), since only

17 per cent of practitioners born in 1937 or later agree.

In an important analysis of trainers and other doctors, it was found that trainers were much more likely to regard it as appropriate for people to seek help from general practitioners for problems in their family lives; were much less likely to regard a quarter of their surgery consultations as trivial; were more likely to work in practices with attached or employed nurses, and more likely to be members of the Royal College of General Practitioners.

Provocatively, the authors wonder if vocational training may be proving better for the trainers than for trainees!

Patients and Their Doctors 1977 is much shorter than the original book, *Patients and Their Doctors*, and is clear and to the point. We warmly recommend this new *Occasional Paper* to all who want a succinct sociological survey of British general practice.

Occasional Paper 8, Patients and Their Doctors 1977, is available now from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00, including postage.

References

- Cartwright, A. (1967). *Patients and Their Doctors. A Study of General Practice*. London: Routledge & Kegan Paul.
 Robinson, D. (1971). *The Process of Becoming III*. London: Routledge & Kegan Paul.
 Stimson, G. & Webb, B. (1975). *Going to see the Doctor*. London: Routledge & Kegan Paul.

Effect of fetal monitoring on neonatal death rates

We analysed data from 15,846 live-born infants to assess the effect of electronic fetal monitoring on neonatal death rates. The crude neonatal death rate was 1.7 times higher in unmonitored infants than in those monitored. Adjusting for inherent risk and changes in mortality rates and monitoring rates during the years of study lowered the relative risk to 1.4 (95 per cent confidence interval, 0.85 to 2.45). The estimated yield from monitoring decreased as the inherent risk of the baby declined. Thus, in the highest-risk group 109 lives might be saved for every thousand babies monitored. In the lowest-risk group (babies at term with no risk factors) the neonatal death rate is around one per thousand. The absolute benefit for this large group could therefore not exceed one life saved for every thousand babies monitored.

Reference

- Neutra, R. R., Fienberg, S. E., Greenland, S. & Friedman, E. A. (1978). *New England Journal of Medicine*, 299, 324-326.