The International Year of the Child

The care of children is the new base of general practice.
Carne (1978)

TWENTY years ago this year the World Health Organization issued a declaration of the rights of the child. These 'rights', pursued ever since, include "the right to affection, love, and understanding, and the right to adequate nutrition and medical care".

At first sight progress has been considerable, at least in the developing world, as measured by the conventional indices of mortality rates. Both infant and perinatal mortality rates have improved steadily.

Comparative figures between countries, however, are not so encouraging from the British point of view. The Court Committee (Committee on Child Health Services, 1976) showed that whereas in 1950 the infant mortality rate for Japan was more than twice that of England and Wales, by 1974 Japan had overtaken Britain.

Recent improvements

Nevertheless, since 1976 there has been a relative improvement from England and Wales, where the infant mortality rate has fallen from 16·35 in 1974 to 13·77 in 1977 (OPCS, 1979).

The causes of this relative improvement in infant mortality rate in Britain since 1975 in comparison to the rest of Europe are not yet known. Speculation is rife. One interesting possibility is the coincidence in timing with the introduction of free contraceptive advice through the National Health Service via British general practitioners. It seems possible that increasing the proportion of wanted children may be one of the single most important factors in improving child care in the short term. Certainly there is good evidence (Bone, 1978; OPCS, 1979) that more women than ever before are using contraception; that 80 per cent of women married in the early 1970s used the Pill, and that as we showed in an earlier editorial (1978) "Sorry it happened", considerably fewer women are regretting being pregnant at all. When children are still unwanted, they particularly need their doctor's care.

Significance of social factors

The importance of social factors has gradually become clear (McKeown, 1976). High technology techniques are very important in labour but now may be producing only marginal improvements in childhood statistics.

It is already clear that the majority of deaths in childhood occur through factors associated in the broadest sense with the environment. An important group are the tragic cot deaths. Accidents remain an important and preventable cause of death in childhood, being still the commonest cause of a child dying between the ages of one and 15. There are still more deaths under the age of five at home than on the roads.

Despite enormous variation in the organization of medical services and the almost equally great difference in medical practices, childhood mortality statistics seem to move in step with the general standard of living of a nation. Despite substantial differences in the pattern of care, with the Netherlands, for example, delivering about half of its children at home with a better perinatal mortality rate than Britain, both British and Dutch figures continue to improve.

Of particular importance in a National Health Service committed to equality of opportunity in medical care is the evidence that differences in the mortality rates between the social classes, far from narrowing, have widened after 25 years. Here indeed is a clinical challenge for general practice.

Post-neonatal mortality rate

The perinatal mortality rate is now accepted internationally as a valuable measure of outcome of care both for obstetricians and paediatricians. However, as more and more deliveries in Britain take place in consultant units, this measure becomes relatively less valid for general practitioner care. What is therefore needed is an index covering the period when the vast majority of children are at home in the care of their general practitioner. The post-neonatal mortality rate, that is, the number of deaths occurring after the first week of life but before the first birthday, provides one possible index and is currently being studied. This mortality rate has interestingly fallen from 11·3 deaths per 1,000 live births in 1950 to 5·0 in 1975—a relatively

greater fall than that of the perinatal mortality rate (37·4 to 19·2) for the same years (Brimblecombe and Barltrop, 1978).

As child care emerges, as Carne has emphasized, as the modern basis of family practice, it deserves and is getting more attention from general practitioners. The Royal College of General Practitioners (1978) published its policy which included a firm commitment (paragraph 8.7) that training programmes in future will have to include satisfactory training in child care, and that College examinations will require candidates "to demonstrate adequate knowledge of the principles and practice of child care reflecting the increased responsibilities of general practice". In addition the College has chosen the theme of "Looking after children" for the annual symposium this month to mark the International Year of the Child.

Meanwhile, the single most urgent need is for general practitioners to find time to see their children regularly in addition to consultations for sickness. The organized regular contact between child, parent, and family doctor in the practice itself, planned at appropriate points in the child's development, offers parents a unique opportunity to discuss with their family doctor individual problems and gives the doctor a chance to know the child and watch his or her progress. It is encouraging that the General Medical Services Committee is currently negotiating appropriate arrangements for this most important work and that the Government is committed to improving medical services for children. The involvement on a national scale of general practitioners in the provision of contraception is a dramatic example of the speed with which general practitioner services can be harnessed for preventive medicine once the will is there and the arrangements are satisfactory. A comparable expansion of surveillance systems for children within general practice could prove equally encouraging.

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Dr E. V. Kuenssberg

DOCTOR E. V. Kuenssberg retires this month as President of the College.

Thus with the closing months of the 1970s there ends a period of work for the College that has been rare indeed. In the 27 years since the College was founded, only three other members, Dr G. F. Abercrombie, Dr F. M. Rose and Dame Annis Gillie, have ever been elected both Chairman of Council and later President.

Dr Kuenssberg came to high office in the College after a distinguished career in the British Medical Association, which included the Chairmanship of the General Medical Services Committee, Scotland, and membership of the group of 'six wise men' who negotiated the Charter for general practice in the mid-1960s. In the College he was an outstanding Chairman of the Practice Organization Committee and subsequently chaired the Council from 1970 to 1973 with characteristic energy and skill.

The 1970s will surely be seen as a period of great activity and expansion for general practice in Britain, and Dr Kuenssberg played a big part in most of the important developments which took place. He has probably been involved in as wide a variety of aspects of general practice as any other doctor. Whether as Secretary of the former Research Foundation Board, as Wolfson Visiting Professor, or as a member of the Editorial Board of this *Journal,* he has challenged everyone with whom he has come into contact, encouraging them to do that little extra. He has been enthusiastic in his support of younger practitioners.

His exceptional qualities include his breadth of approach, his remarkable foresight, and his willingness to travel. For instance, he saw the need for a Joint Committee on Postgraduate Training for general practice years ahead of his colleagues.

Not only the College but general practice as a whole can be grateful to Dr Kuenssberg for his leadership during the past decade.