

The second article, by Professor Harvard Davis and his colleagues from the Department of General Practice at the Welsh National School of Medicine (p.333), is on the same theme but starts to examine in addition how such recordings can be used in groups for learning.

These articles open the door to a whole new development of behavioural analysis of general practice consultations, and if indeed it is true that non-verbal behaviour matters more than verbal behaviour, a flood of research papers on this new and exciting subject can now be expected.

Video recorded consultations

However, although literature is important in that it provides theoretical principles and a logical framework, it will never be enough on its own. What general practitioners need and need now is access to video recorded consultations with real patients seeing real doctors with real problems.

Here, yet another of Professor Byrne's fertile ideas is taking root and the MSD Foundation, of whose Advisory Committee he was the first Chairman, has recently begun to release for doctors in training just such colour video recordings in real consultations from British general practice. For each of these, consent has been obtained from both the patient and the doctor and together they offer trainees, trainers, and course organizers an opportunity for the first time to analyse general practice consultations in depth and study the more subtle nuances of non-verbal communication.

Even this development may soon be overtaken. General practitioner trainers in several regions are enthusiastic to understand and teach these aspects of the

consultation, and are now clubbing together to buy machinery for recording and replaying consultations in which they themselves have participated.

Need for sensitivity

Exciting though these developments are, nevertheless the most scrupulous attention must always be paid to editing and to consent. Those patients and doctors who have been brave and generous enough to expose their behaviour to full and detailed scrutiny are to be applauded as pioneers.

The video recorder has thus emerged as a powerful instrument which will dramatically increase the potential for learning about human behaviour and communication and hence in the skill of consulting. The power is considerable: the potential enormous. This very power demands the most sensitive use in this, one of the most sensitive aspects of modern medical practice.

References

- Argyle, M. (1975). *Bodily Communication*. p.1. London: Methuen.
 Byrne, P. S. & Long, B. E. L. (1976) *Doctors Talking to Patients*. London: HMSO.
Journal of the Royal College of General Practitioners (1975). Tape recording consultations. Editorial, **25**, 705-706.
 Lamberts, H. (1979). Problem behaviour in primary health care. *Journal of the Royal College of General Practitioners*, **29**, 331-335.
 Morris, D. (1967). *The Naked Ape*. London: Jonathan Cape.
 Morris, D. (1977). *Manwatching*. London: Jonathan Cape.
 Tanner, B. (Ed.) (1976). *Language and Communication in General Practice*. London: Hodder & Stoughton.
 University of Exeter (1977). *Department of General Practice Prospectus*. Exeter: University of Exeter.

Selected Papers from the Eighth World Conference on Family Medicine

THE so-called renaissance of general practice (Hunt, 1972) was a post Second World War phenomenon. Despite enormous regional and national variations, the broad principles of general practice/ family medicine emerged simultaneously throughout the world as common themes. Individual organizations sprang up, first in the United States (American Academy of General Practitioners, which became the American Academy of Family Physicians), next in the United Kingdom (College of General Practitioners) and soon around the world.

Later it became clear that there was a growing need for international co-operation and collaboration. The World Organization of National Colleges, Academies and Academic Associations of General Practitioners/ Family Physicians (WONCA) was formed in response to this need and has gradually succeeded in doing more

and more to disseminate ideas and information.

The world conferences organized by WONCA are held about every two years and move from continent to continent, usually lasting about a week. The next is in New Orleans in October 1980. The second conference in Europe was held at Montreux in May 1978 and today we publish as *Occasional Paper 10* a selection of papers from it.

These papers, coming as they do from 12 different countries and five different continents, provide a snapshot of the topics of current interest and concern to family physicians around the globe. They can be analysed in different ways but several common themes emerge.

The topic of prescribing is a common problem for primary physicians throughout the world, and Frølund from Denmark and Heffernan from Australia both

have given important papers on the principles of prescribing in general practice which are relevant both to established physicians and to those responsible for training the next generation.

In his contribution on identifying and analysing the decision-making process of family physicians, and analysing its component parts, Professor Ian McWhinney of Canada follows the early contribution of Crombie (1963) in the United Kingdom and lists the differences between generalists and specialists in their thinking approach.

The care of young and old patients in primary care has emerged in recent years as deserving special attention. Dr Stuart Carne, who delivered his paper as President of WONCA, identifies several principles based on his own experience of child care in general practice, while at the other end of the age spectrum Professors Huygen and Polliack document in detail the differing prevalence of disease in the elderly compared with other adults. Huygen believes that general practitioners care for the problems of 90 per cent of the elderly and Polliack has produced exciting evidence that it may be possible not only to reduce hospital admissions of the elderly, but to reduce the number of days they spend in hospital if a primary health care team is well co-ordinated.

Both Koh and Wong from Asia show how the principles of general practice which have long been accepted as basic in Europe are equally applicable in their countries, Koh underlining the importance of counselling and Wong the importance of behavioural problems in the identification of risk factors and their modification.

Other topics of increasing interest to general practitioners/family physicians are illuminated by Ejlertsson, who in Sweden sought to measure by means of a continuity index the number of contacts between a

patient and his or her own general practitioner, while Bruusgaard discusses alternative systems of care shared between primary and secondary physicians in Norway.

On a more personal theme, Nelson from the USA underlines the conflicts between family physicians' work and home and offers some solutions.

Two broad topics of special importance are analysed by Lamberts and Levenstein based on experience in their own practices. Lamberts, from the Netherlands, concentrates on the behavioural problems which are presenting with increasing frequency to primary physicians throughout the world, describing the involvement of the non-doctor members of the primary health care team; whereas Levenstein, from South Africa, tackles one of the most important physical conditions, myocardial infarction, and underlines the importance of recognizing and treating urgently particular risk factors.

The broad scatter of topics indicates the range of interests of modern general practice and shows that there is much common ground between physicians throughout the world. The quality of these papers has been independently assessed, as almost half of them have already been published in various medical journals around the world.

Selected Papers from the Eighth World Conference on Family Medicine, Occasional Paper 10, gives food for thought for all who are interested in the international evolution of family medicine. It is available now from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.75, including postage.

Reference

Crombie, D. L. (1963). Diagnostic process. *Journal of the Royal College of General Practitioners*, 6, 579-589.

Appeal 1980

EIGHTEEN million is a lot of people; yet it is a fair estimate to say that the 9,000 fellows, members and associates of our College in these islands together look after the health of that number of men, women and children. This gives the College a right to a voice in how that care should be provided; it also lays on the College collectively a duty to see that it is provided effectively, efficiently, and with empathy.

In return, we doctors get the privilege of knowing our patients well—often attaining their confidence and also receiving their gratitude. Individually, this, together with a reasonable standard of living for our families, is reward enough for our absorbing lifetime vocation. Collectively, however, as a College, we have to seek a more material return.

Why? Put simply, because from subscriptions alone we are not able to finance all the things a college of

medicine should do. Colleges of medicine exist to improve standards of health care of people, in whatever branch of medicine they are established. They are patient protection societies, as well as being professional institutions. It is in the best interests of patients themselves to support the College, to help expand its activities and to ensure that it flourishes.

Because thinking people know this, the Appeal has already achieved nearly half its target of £1 million. Now we have to reach out and approach such people in our local industries and among our patients; we have to tell them what the College is doing for their benefit. Inserted in this *Journal* is a leaflet, already widely distributed, which can help in spreading the message.

Eighteen million is a lot of people; think what the College could do with £18 million! And then think seriously how to help to raise just £1 million.