

Booklets for patients

ONE of the big differences between hospital and general practice is the interest among general practitioners in what motivates patients to seek medical care.

Specialists are relatively freer to concentrate on what is wrong with the patient and the importance of diagnosis is constantly underlined in most forms of specialist care. Although specialists are rightly concerned about the reasons for referral and the trends, during the last 25 years these operational aspects of care have been reported on less from the specialist services than from primary care.

General practitioners, by contrast, providing as they do an open access, free-at-the-time, primary service to all the patients on their list throughout the year, are peculiarly sensitive to the reasons which bring patients to their doctors at all. These doctors are only too well aware that it is often simply not possible to make a diagnosis in purely pathological terms (College of General Practitioners Research Committee, 1958).

Common problems

Given that children form about a quarter of the population (Court, 1976), and given that Banks and colleagues (1975) found that for children under the age of 16 over half of all new consultations were concerned with only six common symptoms—stuffy or runny nose, sore throat, cough, vomiting, diarrhoea, and minor trauma—it is clear that this group of conditions is worthy of special attention, especially as some of these conditions are those for which the medical profession does not feel it has much to offer in terms of specific therapy. There is a growing awareness both in the community (Illich, 1974) and among doctors of the inappropriateness of doctors treating minor self-limiting conditions. So how do primary care doctors help their patients, especially parents, when confronted by these conditions in the home?

Booklet with advice

We publish today an important article by Pike (p. 517) which tackles this problem by testing in one general practice in Birmingham the possibility of helping parents with children under the age of five by giving them a booklet with health education advice and guidance on the use of the practice.

This idea is attractive and imaginative, but the method is of special importance in these days when

doctor/patient communication is being systematically studied. The booklet seeks to educate patients on common problems and on the use of services, and includes sections on antenatal care, breast feeding, infant development, immunization, the feverish child, diarrhoea and vomiting, and the use of medical services. Dr Pike can be congratulated on using a method which included controls selected from the same practice and testing before and after issuing the booklets whether the experimental group who received it improved their scores on multiple choice questionnaires.

An important aspect of this work was the attempt to construct the sentences on easy-to-read lines using Flesch's (1948) suggestions. Morrell and colleagues (1980), writing on the management of minor illness, similarly had their booklet edited by a leader writer of a national newspaper.

Changes achieved

In showing a statistically significant improvement in knowledge among those patients who received the booklet, Pike has produced objective evidence on a major new health education technique for British general practice, and one that fits well with the findings of Morrell and colleagues (1980) that patient consulting patterns can be altered in the desired direction after reading a similar booklet.

Pike has also shown a social class gradient in knowledge among the parents in his practice. On each item social class 1 and 2 parents had higher scores before reading the booklet than those in social classes 4 and 5. What is new and interesting are two original findings revealed in Table 4 of his article. First, there was a proportionately greater rise in social classes 4 and 5 on some of the subjects than for social classes 1 and 2, and secondly, on some of the measures social class 4 and 5 parents, after reading the booklet, obtained higher scores than social class 1 and 2 parents before they read the booklet. Although the numbers are small, these findings deserve considerable further study. Here, perhaps, is a simple, and relatively cheap method of improving the health knowledge of parents, and one which may help in bridging the sad and continuing gap in health education between the social classes.

Pike's article should be read in conjunction with Morrell and colleagues (1980). Both were achieved in association with the Health Education Council which can be congratulated for supporting this new development in health education in primary medical care.

References

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Research in general practice

THIS *Journal* is devoted primarily to publishing the results of research in general practice. The amount of research in general practice is growing quickly, partly because there is much more interest and activity among general practitioners themselves, partly because an increasing number of vocational trainees are carrying out research projects of various kinds, but also because scientists in other disciplines, notably the medical sociologists, are taking a keen interest in the different aspects of primary health care, especially the work of the general practitioner.

The promotion of research has always been one of the principal activities of the Royal College of General Practitioners, and the Research Committee was one of the earliest parts of the College to get going. The challenge and struggle to develop research was all the greater because general practice had no long tradition in this activity, and many practitioners quite needlessly felt guilty and ill-equipped for the task.

The Birmingham Research Unit pioneered the idea, and its development of the simple tools such as age/sex registers, diagnostic indexes, with a profusion of simple, practical advice, has done much to spread ideas, not just in the United Kingdom but around the world. Many of the much more elaborate research studies mounted by the College's other units at Dundee, Manchester, Surrey, and Swansea, have followed from the early steps trodden at Birmingham.

Eimerl and Laidlaw's (1969) *Handbook for Research in General Practice* has for some time been the best known of the books on research in general practice and was a valuable introduction to the subject. Inevitably, time has moved on and the growing wealth of research

experience and changing technology makes it appropriate for a new book to be published on this important subject. It is therefore a pleasure to welcome the publication of *Research in General Practice* by Professor J. G. R. Howie who has recently been appointed to the James Mackenzie Chair of General Practice at the University of Edinburgh. Professor Howie has himself made a particularly distinguished contribution to general practice research, and is known for the painstaking thoroughness of his work carried out at Aberdeen and for tackling some particularly difficult subjects, such as the approach to and management of some upper respiratory tract infections in general practice.

His book is in four parts: "Thinking about Research", "Doing Research", "Looking at Results", and "Telling about Research". It is written in a clear and entertaining style with a minimum of jargon, and covers the ground well in under 200 pages.

Research in General Practice can be warmly recommended for general practitioners and trainees interested in research and projects in general practice. Its only problem is its price, and it is to be hoped that demand for this new book will be such that future editions will become possible at a more reasonable price.

Reference

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Education for Co-operation in Health and Social Work

IT is generally agreed that the focus of care should, if possible, move away from institutions towards the community, away from bureaucratic buildings, whenever possible, and into the home.

The impact, however, on those professionals who work primarily in the community has not yet been measured and the skills and resources needed to help

patients and clients with their problems is gradually being investigated.

For many years there have been a number of professions concerned with aspects of this work, and four of them through their training bodies have now come together for the first time to explore the difficulties and the dangers, the hopes and possibilities, of working