

continued "The pendulum is swinging from frank paternalism to frank abandonment." Neither of these is acceptable. Nevertheless, because the power society has given us is immense, as a profession we should be prepared to justify our opinions to outside agencies. Deciding between our responsibility to an individual and our responsibility to society can be a problem in all areas of medicine; nowhere is this more true than in this aspect of psychiatry.

This important study, small though it may be, begs important questions about general practitioner knowledge and attitudes. It is true that Bean did not analyse general practitioner admissions in great detail, and it may be that by chance he selected general practitioners with below average psychiatric skills who were more subservient to consultant opinions than average, but to use such an argument is to bury our heads in the sand. Not only is it unprovable, but it is probably not even true. Bean does, however, paint an unnecessarily bleak

picture for the future. As more and more general practitioners become vocationally trained, and as vocational training includes more psychiatry, skills may well increase.

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Measuring the quality of general practitioner care

THE idea of defining and measuring the quality of general practitioner care has been one of the intellectual preoccupations of general practitioners for at least 25 years. The stated aim of the Royal College of General Practitioners is "to encourage, foster and maintain the highest possible standards in general medical practice", yet the highest standards prove elusive to measure and hard to find.

One obvious starting point is to review the literature on this difficult subject. This has now been done by Dr C. J. Watkins, one of the senior lecturers in general practice at the General Practice Teaching and Research Unit at St Thomas' Hospital Medical School, London. Dr Watkins' work originally formed part of his successful PhD thesis, and his review of the literature published as *Occasional Paper 15* now makes it possible for all interested in this fascinating subject to cover the ground that has at least already been cultivated.

Classifying his paper under the traditional headings of adequate access, adequate process and adequate outcome, Dr Watkins discusses the many difficulties which arise when trying to measure the quality of care, and he includes about three pages of references on this important subject.

General practitioners need not be surprised if they find the definition of standards, let alone their implementation, remarkably difficult. Watkins quotes Professor Dudley's findings that it took a small group of London teaching hospital surgeons no fewer than 18 separate meetings before they could agree on a policy for the management of patients with upper gastrointestinal bleeding after admission. Given the sensitive doctor/patient relationship and the immense variety of problems presenting in primary medical care, it is clear that the measurement of quality in general practice is going to be infinitely more difficult.

Nevertheless, the hunt is on and there can be no doubt that many individual practitioners and a number of organizations, including the Royal College of General Practitioners, are now irrevocably committed to defining and measuring quality in general practice. *Occasional Paper 15* can be recommended as a valuable starting point for others interested in joining this search.

The Measurement of the Quality of General Practitioner Care, Occasional Paper 15, is available now from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU, price £3.00 including postage. Payment should be made with order.