

Much work still needs to be done to improve the acceptability of these foods to the majority of patients.

4. Dietitians, as responsible practitioners in their own right, have a large part to play in trying to improve patient compliance.

The fundamental aims of managing diabetes are to maintain the well-being of the patient and to prevent or, at worst, delay the onset of complications. There is much to be said for having diabetic clinics in general practice, since they not only bring together the doctor, the nurse, the health visitor and the dietitian, but they also impose on the doctor a relatively uninterrupted discipline of thought and behaviour, almost impossible to achieve in the hurly-burly of the average surgery. In this way, procedures are more likely to be carried out and less is likely to be missed. The records will need to be kept in a way to make audit of management relatively easy and simple. Neither we nor our patients need to be reminded of the unsatisfactory, frequently near-chaotic conditions that prevail in many hospital diabetic clinics. Even if dietitians are not available to help, their advice is, so all but a few diabetics can, and should, be managed in their practices by their doctors and their teams. Is this kind of diabetic care not part of a general practitioner's job?

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Every child a wanted child

ALTHOUGH there is a large literature on contraception and sexual behaviour, extremely little research has come specifically from general practice, and no attempt has been made to review the whole subject. The publication of the College's fourth Report on Preventive Medicine (the previous three—on health and prevention, and on the prevention of arterial disease and psychiatric disease—were published in February 1981) is therefore most welcome. This short monograph is a statement of what the primary health care team can be expected to do. The working party points out that good family planning proceeds from the recognition that the entire practice team should be involved in providing the service. It points out that the special needs of all at-risk groups should be identified clearly, and that the skills of the whole team should be directed to meet these needs.

These opportunities to practice preventive medicine, however, should be balanced against their possible effects on contraceptive practice. Screening procedures should not be insisted upon if they are likely to discourage either a subsequent visit or the effective use of contraception. Although many more women go to their family doctor for contraceptive advice than go to Area

Health Authority or Health Board clinics, there is, nevertheless, still a large and continuing need for training. The working party recommend that all vocational trainees in general practice should train to the present standard of the Certificate in Contraception and Family Planning, but they also recommend that part of this training should be carried out in general practice.

Contraceptive behaviour is a kind of final common pathway, the expression of a woman's or man's most intimate beliefs and fantasies. Such behaviour can never be entirely rational, and it is vital that general practice is organized in such a way that it can cope with all the demands our patients are likely to make on us. This latest Report from General Practice, which is a document that Council has approved as a statement of College policy, provides the evidence on which we can base our planning of such a service.

Family Planning—An Exercise in Preventive Medicine. Report from General Practice 21, is available from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £2.25, including postage and packing. Payment must be made with order.