

NUCLEAR WAR

Sir,

"If you can't beat 'em, join 'em." I would like both Dr Spencer and Dr Stevenson (*July Journal*) to carefully consider this old adage.

I agree wholeheartedly with the concept of abolition of nuclear weapons but I feel that our plea is about as feasible as the abolition of sex.

There *can* be an effective medical response to nuclear attack and it would be very wrong to lower morale by such a negative viewpoint as expressed by these doctors. Accepting the concept of 30 per

cent population survival (maybe a load of 'Pugwash'?), what is to happen to this happy (unhappy?) band of survivors? Surely they will deserve medical cover and support. This support, to be effective, must be preplanned, to save confusion, and will require a discipline and training which can be practised only prior to the event; this is the purpose of civil defence planning.

I would like to see every doctor give serious thought and constructive criticism to the problems of our survival. It is of no value to bury one's head in the sand—war, either conventional or nuclear, could happen.

Why not contact your local St John

Brigade or British Red Cross units and see what they are doing via their training programmes and Joint Emergency Executive Committees?

All your patients should be encouraged to take a course in simple first aid and hygiene. Civil defence is no charade and should be supported by us all.

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BOOK REVIEWS

MENTAL ILLNESS IN THE COMMUNITY: THE PATHWAY TO PSYCHIATRIC CARE

*David Goldberg and
Peter Huxley*

*Tavistock Publications Ltd
London (1980)*

*191 pages. £8.50 (hardback),
£4.25 (paperback)*

The subtitle to this book is "The Pathway to Psychiatric Care", which is a good description of the model used by the authors to draw together a great deal of information and research about mental illness. The approach is epidemiological and aims to describe the selection processes which operate on the psychologically disturbed to determine the type of care, if any, which they receive. In addition, the kinds of psychiatric disorders commonly encountered at each level are described, with a summary of what is known about the social factors involved. Finally there is a review of interview techniques appropriate to primary care, and a discussion of the role of other professional groups in the management of mental illness in the community.

Five levels of care are identified: the first level in the community, the next two in primary care and the last two levels involving specialist psychiatric services. Between each level the mentally ill have to pass through filters which determine whether or not they reach the next level of care. The first filter is the decision to consult a primary care physician. Understanding this decision involves a study of illness behaviour in the community, which has been an area of interest

for medical sociologists. The second filter concerns the behaviour of doctors, and the accuracy with which they recognize psychiatric disorders amongst patients who consult them. Level three refers to psychiatric disorder as it is perceived by primary care physicians; the third filter is the extent to which they refer patients to psychiatrists. The fourth and last filter is that between the outpatient and inpatient levels of psychiatric care and is largely determined by hospital specialists. At each level and filter there is an extensive review of research findings and the factors involved, such as the social correlates of psychiatric morbidity, illness behaviour and the outcome of treatment.

The definition of mental illness is a difficulty. The arrival of standardized psychiatric interviews and screening questionnaires has provided some comparative yardsticks, such as Professor Goldberg's General Health Questionnaire (GHQ), but the problems of definition still remain. This difficulty is particularly acute at the community level, as illustrated by an estimate for the annual prevalence rate in the community of 250 per thousand with psychiatric disorder, 230 of whom reach the second level of primary care. This comparison is based on the use of a GHQ in a small sample of patients in the community and a much larger number of attenders to general practitioners, with the implication that most patients with psychiatric disorders consult their doctors. This conclusion does not fit in with the findings of other community surveys, which report a considerable iceberg of psychiatric morbidity, and the authors acknowledge this discrepancy. It all depends on what is meant by mild psy-

chiatric disorders, which may not seem important from the point of view of hospital-based psychiatry but which may profoundly affect the health of individuals in the community. Indeed, general practitioners may be only intermittently involved with those common emotional disturbances whose definition and natural history are poorly understood.

The chapter on interview techniques in primary care is a short but useful summary of what should be one of general practice's most powerful therapeutic weapons. There is compensation for the brevity of this section in the final chapter, a section of which is devoted to implications for training. Teaching interviewing and counselling skills is particularly important for family doctors, as illustrated by the work of Dr Peter Maguire in Manchester and Dr Art Lesser of McMaster University.

The penultimate chapter looks at the role of other professions such as social work, community psychology and psychiatric nursing. The authors are critical of the role of social work in relation to the mentally ill, and consider that in most local authorities it has become stagnant, with a lack of co-ordination and evaluation, and that there is a need for more social work intervention to be available in a health setting. Psychologists, on the other hand, have developed more rigorous techniques and are extending into the community, but as yet there are few investigations into the effectiveness of their treatments in the context of primary care. The development of community psychiatric nursing has been sporadic, and has caused demarcation disputes with social workers. The authors conclude that, at a primary

care level, services for psychiatric patients are more disorganized in the UK than in the USA, where team approaches are more developed. The various professional groups are still jockeying for position and it seems likely that the family doctor will have to relate to a more complex web of other professionals in the future.

This book could be read by family doctors in two ways. First of all, as providing an elegant model for an overview of the place of general practitioners in the problems and process of mental illness. Secondly, it provides a gold mine of information from a wide variety of sources in a field which badly needs the kind of integrating approach which the authors have attempted. For the more general reader the footnotes and references can be skipped, and the book can be read with profit. For those with an interest in the management of, and particularly research into, mental illness in the community, this book is highly recommended. For a work of less than 200 pages, it is a considerable achievement at a reasonable price.

D. R. HANNAY

GENERAL PRACTICE REVISITED: A SECOND STUDY OF PATIENTS AND THEIR DOCTORS

Ann Cartwright and
Robert Anderson

Tavistock Publications Ltd
London (1981)

228 pages. Price £11.50

The publication in 1967 of Ann Cartwright's *Patients and Their Doctors* was a milestone in general practice literature. The survey on which it was based was conducted in 1964, and examined the organization and provision of care. More importantly, the survey also explored the attitudes of both doctors and patients towards health care. It showed a high level of patient satisfaction. General practitioners, however, appeared uncertain about their role.

The exercise was repeated in 1977 and *General Practice Revisited* is the outcome. The 13 years since the first survey were eventful for general practice: we had the 1966 Charter, increases in health centre and partnership practices, the growth of deputizing services and the establishment of vocational training, amongst other developments. How has general practice changed in the eyes of patients and their doctors?

One notable change is in the response of doctors to questionnaires. Whereas the response rate of patients remained virtually the same at just over 80 per cent, that of doctors fell from 76 per cent in 1964 to 67 per cent in 1977. The failure of a third of doctors to respond to the second survey raises questions about the representativeness of the sample.

The main conclusion is that "experiences and views have changed remarkably little". About one third of all consultations continue to be regarded by doctors as "for trivial and inappropriate or unnecessary reasons". Vocational training appears not to have made any difference to this view, nor does the extent to which ex-trainees claim to enjoy general practice. In contrast with trainers, 74 per cent of whom claim to enjoy their job, only 50 per cent of other doctors say that they do so. Trainers appear to get more out of vocational training than trainees, but such judgements may be premature.

Major changes in the organization of general practice, including the migration to health centres, the five-fold increase in appointment systems, the doubling of secretarial and reception staff and the seven-fold increase in nurses working in practices, have had little effect on the basic features of the doctor/patient relationship. But there has been a four-fold increase in the proportion of patients critical of doctors in relation to home visiting, and both doctors and patients are less likely than in 1964 to regard it as appropriate to consult general practitioners about family problems.

Patients in 1977 were generally less passive—more critical and questioning—but the majority (72 per cent) found receptionists "helpful". There was a fall in the proportion of those expecting a prescription at a consultation (from 52 per cent to 41 per cent), but the proportion of consultations in which a prescription was given remained unchanged at about two thirds. Economy in prescribing clearly rests with doctors.

Cartwright and Anderson put forward three suggestions for immediate action: that doctors should ask patients whether they want a prescription or not; that receptionists should not ask patients seeking an appointment what is wrong with them; and that self-certification for sick absence should be introduced. They also urge more emphasis on general practice in medical education.

This book is an important sequel to *Patients and Their Doctors* not only in that it updates the findings of the 1964 study, but also because it reflects the changes in general practice since then.

All doctors, and not just general practitioners, will learn much from it. No practice library should be without it.

GODFREY FOWLER

AN INTRODUCTION TO FAMILY MEDICINE

I. R. McWhinney

OUP
Oxford (1981)

219 pages. £7.95 (paperback)

Nearly 20 years ago, as a general practitioner in Stratford-on-Avon, Ian McWhinney's writings marked him as one of the founding fathers of modern general practice. He analysed its role and its potential at a time when general practice was at a low ebb, but his originality came a little before we were ready for it and he had to go to Canada to pursue his ideas in the new Department of Family Medicine in London, Ontario.

His latest book is not a trail-blazer in any sense—it expresses a concensus of the views of many people. If the experienced reader finds it neither contentious nor stimulating, this is acceptable in a work designed as an introduction aimed at senior students, junior residents and their teachers.

Rarely does the Canadian context obtrude and in many ways the contents apply more to British general practice than to typical North American family medicine. Most of the references are American, though they can be paralleled here, but there are times when British work, especially that of John Fry, has to be called in evidence.

The chapter headings are very familiar: illness in the community, the doctor-patient relationship, problem-solving, the family, records, home visits, practice management, continuing education and research. No-one with a reasonable library needs to buy this book for what it says, but anyone without a few modern works on general practice could do worse than use this one as a source for ideas about principles and methods.

Two of the areas covered are particularly welcome. There are discussions of the shifting values attached to specialism and generalism in medicine and of the contrasting perspectives of reductionism and holism. What McWhinney says is not new, but he says it well and this lends weight to other chapters.

The section on preventive medicine is unusually thorough. Not content with expounding the principles, it goes into some detail about more than 40 conditions, with recommendations about the value of screening and extensive health protection schedules for all age-groups.