a futile attempt to find a physical cause. Finally, the patient may choose the wrong specialist and waste a great deal of everybody’s time.

From the community’s point of view the advantages might be that general practitioner surgeries are less crowded, and less paperwork and time is involved in getting patients to specialists. The disadvantages are that hospital outpatient departments will be even more crowded, waiting lists will become even longer, the primary care team will be bypassed more often, preventative medicine will be practised less, an opportunity for the development of community spirit will be lost and resources will be wasted.

From the general practitioner’s point of view the advantages will be saving of time, letter writing, paperwork, investigations. The disadvantages will be loss of a doctor-patient contact and undermining of relationships; poor communication about what has happened to his patients involving diagnosis and management; more work when presenting problems are not solved by specialists due to lack of background knowledge; loss of the ‘family doctor’ role.

From the specialist point of view the advantages are limited to perhaps some earlier referrals of illnesses where progression leads to irreversible deterioration. The disadvantages consist of time wasted by inappropriate referral, lack of baseline information and investigation into social psychological and physical state of patient. Difficulty with continued care as ‘he who starts must usually be bound to continue’. Lack of continuity because the extra work would induce a time factor which would weigh against this. Lack of time to perform the specialist role of total assessment of a single problem.

In summary, I feel that this would be a marked backward step along the road that general practice is now treading. It would undermine the role of the general practitioner and cause chaos in an established system of primary health care. The service to the patient would deteriorate in most cases, and in most cases only, the patients would suffer. The general practitioner, the specialists and community would also be the losers as job satisfaction in a worsening service would deteriorate. In simple cases of obvious diagnosis well-known to the public, it might be of benefit, but these will be very much in the minority.

Figure 2. continued.

GENERAL PRACTICE LITERATURE

LIVING WITH DYING. THE MANAGEMENT OF TERMINAL DISEASE
Cicely Saunders, Mary Baines
74 pages. Price £4.95

There is no doubt that the quality of care now being given to the dying has improved in the last 10 years. Much of the credit for this must go to the research and teaching of these two ladies whose new book surpasses all previous ones from St Christopher’s Hospice. Thousands of British doctors and nurses still have much to learn about pain and symptom control and have yet to be convinced that there is strong scientific rather than anecdotal evidence for the principles applied.

General practitioner trainees, junior doctors and nurses will find here almost all they need to know about care in cases of terminal cancer. They may be disappointed that no reference is made to partial antagonists such as buprenorphine and only scant reference to indications for neurolytic and neurosurgical procedures. Possibly too idealistic a picture is presented of anaesthetists, psychiatrists, radiotherapists and others who are available and ready to advise in St Christopher’s and other large hospices. Ideals are, however, what we should aim for and all who read this modest 74-page text will certainly be inspired as well as helped.

I would recommend this book for all trainees and community nurses, after the general practitioner principals have read it for themselves.

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EMERGENCIES IN GENERAL PRACTICE
A. J. Moulds, P. B. Martin, T. A. I. Bouchier-Hayes
MTP Press Ltd, Lancaster (1983)
215 pages. Price £9.95

Any ‘how to do it’ textbook will inevitably generate criticism but there could be few disagreements with the points of management outlined in this book.

Answering the telephone receives considerable emphasis; in addition to a general chapter, suitable telephone advice is suggested for each emergency dealt with later in the book. But the doctor may not always be available to answer the telephone so it is a pity that there is no mention of the need for delegation to practice staff, nor of the possible role of the doctor’s spouse. There is an excellent chapter devoted to paediatric emergencies, with clear notes on paediatric prescribing followed by a comprehensive account of the emergencies likely to be encountered in general practice. A series of chapters each devoted to a particular functional system covers emergencies in the adult population.

The book is small enough to fit easily into the doctor’s bag; during the first two weeks of a trainee’s attachment in general practice it would, I believe, prove most useful. It might also enable the trainer to sleep more peacefully! This book represents good value and any trainer would be well advised to consider adding it to the practice library.

David W. Jolliffe

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