specialist units. The unit at the John Radcliffe Hospital in Oxford, where I have worked, is a model for standards of excellence and regular detailed auditing of results. Where such facilities are available, general practitioners should endeavour to use them to their full capacity. Where they do not yet exist, there should be continued pressure to give general practitioner obstetricians the opportunity to look after their appropriate patients. A concerted effort by all concerned will be needed to prevent the irreversible loss of true general practitioner obstetricians.

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## Practice nurses

Sir,

The General Practitioner District Committee in north-east Essex recently sent out a questionnaire to all practices in the district in order to discover the range and extent of services provided by practice nurses. The opening of a new district general hospital is anticipated to increase the workload of the community nursing staff and the Committee wished to know whether practice nurses would be able to increase their role in the care of patients following discharge from hospital.

Twenty of the 44 practices in north-east Essex employ nurses, 70 per cent of the total population are served by practices which employ practice nurses. The majority of nurses employed are part-time. All 20 practices have a nurse present on the practice premises during morning surgery and three practices have a nurse on duty throughout the working day from 08.00 to 20.00 hours. Duties performed by the nurses are shown in Table 1.

**Table 1.** Duties of practice nurses

| | Number (%) of practices |
|---|---|
| Changing dressings | 20 (*100*) |
| Removal of sutures | 20 (*100*) |
| Assisting with minor operations | 19 (*95*) |
| Assisting with antenatal clinics | 19 (*95*) |
| Diagnostic procedures | 17 (*85*) |
| Immunization procedures | 17 (*85*) |
| Phlebotomy | 16 (*80*) |
| Family planning advice | 11 (*55*) |

The survey demonstrates the significant contribution made by practice nurses to the health care of the community. Seventeen of the 20 practices indicated that they were prepared to take on extra nursing workload. Only two of the practices employ nurses who are fully qualified to work in the patient's home and there was a lack of enthusiasm for extending the role of the practice nurse in this way.

Looking to the future, it is important that hospital staff need to be made aware of the existence of practice nurses and refer ambulant patients requiring dressings appropriately.

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## Source of hospital admissions in Wakefield

Sir,

We have always been under the impression that most patients were admitted to hospital at the instigation of their general practitioner, apart from those few who suffer sudden illness or injury outside their own home.

The experiences of one of us (A.G.C.) in the hospital posts of vocational training questioned this assumption and prompted us to attempt to measure the source of admissions to the general medical and paediatric beds in Wakefield over a period of six weeks.

Our results are summarized in Table 1. General practitioners formally instigated only 41 per cent of 274 successive admissions to the general medical and paediatric departments. They contributed, in some way, to the admission of a further 13.4 per cent (37 patients) via outpatient attendance or domiciliary visits by a consultant. Professional deputies admitted a further seven patients (2.5 per cent of all admissions). Forty per cent of all patients were admitted directly from the accident and emergency department. All but one of these patients were self-referred. One patient was referred to the accident and emergency department by the general practitioner for radiological assessment of fractured ribs and surgical emphysema; she was admitted. Other sources of admission to both departments were transfers from other departments and hospitals.

Of the 81 patients admitted to the paediatric wards, 46.9 per cent came directly from the accident and emergency department. The general practitioner contributed, directly or indirectly, to only 46.8 per cent of admissions.

Of 113 patients admitted directly from the general practitioner to the general medical or paediatric wards, only 81 (72 per cent) took with them a referral letter. There was some doubt in five other cases.

The clinical indications for admission from the accident and emergency department were intriguing. So far as adults were concerned, 31 of the 72 patients admitted in this way were suffering from self-poisoning. A further 19 of the 72 were suffering from chest pain — 15 of these were found to have significant cardiac pathology. Syncopal attacks of various types, haematemesis and dyspnoea were other common causes of admission. So far as children were concerned, the most common cause of admission directly from accident and emergency was minor head injury. Convulsions, either first or subsequent, accounted for a further eight. 'Others' included such diverse conditions as vomiting, Henoch-Schoenlein purpura, hypoglycaemia, septicaemia and upper respiratory tract infection.

We find it sad that general practitioners contribute nothing to nearly half the emergency admissions of their patients. Emergency admission to hospital is, after all, a major event. It is understandable that patients suffering major trauma or sudden, apparently severe, illness outside their own home may, with

advantage, use the excellent emergency services provided by the ambulance service and the accident and emergency departments. Surely, though, the large numbers of patients attending such departments — approximately 20 per cent of the population per year — reflects something of our availability and our patients' understanding of the relative roles of the general practitioner and the 'Casualty'.

Moreover, we found it disappointing that only 72 per cent of patients admitted directly by their general practitioner took with them a referral letter. Do we not all accept the importance, in an episode of illness, of the previous medical and drug history and, at least, an outline of the relevant social background?

We accept that, for patients, there are obvious reasons for self-referral to the accident and emergency department: it is always open, has no appointment system and provides ready admission to hospital and access to high-technology medicine. In this study there was no evidence of hospital departments encouraging self-referral by patients, except, perhaps in the case of the five children admitted with recurrent febrile convulsions.

Why encourage self-referral at all? For the technical benefits offered by the hospital? Or is the real reason our clinical inadequacy? Only a small proportion of children admitted last year to Wakefield hospitals with asthma had had any significant treatment from their general practitioner. Less than six per cent had received oral steroids.

'Overdoses' are now commonplace and are acceptable reasons for self-referral. Their frequency (and the recurrence rate) is a tribute to our technical skills but an indictment of our caring expertise. Owing to self-referral and patchy follow-up these patients take themselves out of our sight and out of our minds.

We feel that our findings, even in such a short survey as this, raise questions of importance. Is self-referral to the accident and emergency department to the patient's advantage? Is it cost-effective, especially when compared with the cost of providing emergency 24-hour care in general practice?

The increasingly frequent use of such departments by our patients poses problems in design and staffing of those departments. It reflects the public's frustration with outpatient waiting lists and their increasing dissatisfaction with the caring skills and availability of their general practitioners.

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## Cure, comfort or relief?

Sir,

A favourite quote of my clinical teachers was the anonymous fifteenth century French aphorism: 'To cure sometimes, relieve often and comfort always'.

In order to verify its aptness today I assigned the possible outcomes of 200 consecutive consultations into categories of 'cure', 'comfort' and 'relief'. An extra category of 'resign' was needed because I had to reconcile myself to my inability to comfort several patients, that is, I gave up on them.

There were three instant cures, all vasectomies, and eight potentially curable conditions, all infections, five of them fungal.

I considered that 69 patients would gain relief and to many of these I gave medication. Included under 'relief' were preventative actions such as cervical cytology, family planning and immunizations. Common medicaments included antihypertensives and anti-inflammatories, analgesics, diuretics and anxiolytics.

One hundred and thirteen patients were, I hope, comforted, and, in review, few in this category received medication. Mustering all the empathy I could, diplomacy was still needed to comfort patients with an unrealistic demand for a housing letter, those who were unwilling to return to work just yet and those who needed to cease unnecessary medication, lose weight and alter harmful lifestyles. Clearly patients and doctors perceive these situations differently.

In the seven patients I could not comfort, none had a significant medical condition. While most patients prefer a straight answer some are just not going to face reality or they 'know their rights'. We have our limitations, we cannot succeed every time.

For me, this brief survey confirmed that much of general practice is about people's unsuccessful attempts to cope with life's stresses. The doctor's ability to conduct a pertinent consultation is paramount; however inconsequential a person's complaint is, it makes sufficient impact on him to consult.

Difficult and subjective — therein lay the virtue of this categorizing, which created boundless discussion with my trainee and an increased awareness into what category patients might have placed themselves.

The results of my little survey led me to ponder on what I am doing in general practice and to modify that old and anonymous French aphorism, and to introduce one of my own: 'To cure sometimes and to relieve or comfort whenever possible'.

Five hundred years ago doctors could cure only a few conditions, today only a few conditions need curing. But doctors must remain perceptive of their patients feelings and needs.

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**Table 1.** Source of hospital admissions to general medicine and paediatric departments, Wakefield hospitals (percentages in parentheses)

| | Total | GP | AE | PDS | OP | Dom | Others |
|---|---|---|---|---|---|---|---|
| General medicine | 193 *(100)* | 78 *(40.4)* | 72 *(37.3)* | 5 *(2.6)* | 20 *(10.3)* | 15 *(7.7)* | 3 *(1.5)* |
| Paediatrics | 81 *(100)* | 35 *(43.2)* | 38 *(46.9)* | 2 *(1.2)* | 1 *(1.2)* | 1 *(1.2)* | 4 *(4.9)* |
| All admissions | 274 *(100)* | 113 *(41)* | 110 *(40.1)* | 7 (2.5) | 21 (7.6) | 16 (5.8) | 7 (2.5) |

GP = general practitioner AE = accident and emergency department PDS = professional deputising service
OP = outpatients department Dom = domiciliary visits by consultant