

Listening clinics

Sir,

I have been conducting listening clinics for over three years, the normal consulting session lasting less than an hour per patient but on several occasions it went beyond more than an hour. I am pleased to say that this practice has been very rewarding both in terms of 'better patient care' and job satisfaction. I cannot claim to have cured all my patients who attended but judging from dozens of unsolicited letters of gratitude, I firmly believe I have been playing the role of a 'helping person who listens to patients complaints and offers a procedure to relieve them, thereby inspiring the patient's hopes and combating demoralization' (Jerome Frank).

Herewith extracts — 'Just to say thank you, Doctor, for your kindness and understanding recently when my husband was awaiting his operation for a meningioma. It was very comforting to know that we have someone to talk to who will listen and understand how we feel when we have troubles.' 'I am taking time to write on behalf of myself and wife to express our thanks to you for your care, patience and understanding shown to us.' 'It was marvellous, Doctor Haider, I have now become pregnant. Thanks for allowing me to attend your listening clinic, I am over the moon.' Of course I did not play an active role but somehow made her aware of the need to approach the problem in a different manner by listening to her for one or two hours.

It is not an uncommon occurrence during the course of a normal surgery session that one's intellectual and problem solving capabilities are stretched to diverse extremes. One minute you are dealing with a simple IGTN, the next you are faced with a patient with an air of hostility who finally breaks down in tears. Such patients require considerably more time than the doctor can afford, without being unfair to the patients in need, to those waiting in the consultation room and, finally, to the conscience of the doctor himself, without regretting later: 'If only I had listened!'

Some patients are selected from routine surgery sessions, some respond to a notice displayed in the consultation room, some are referred from other partners in the practice and some are self-referrals (for example, professional colleagues). Patients suffering from serious psychiatric disorders — for example, deep depressives with suicidal tendencies, schizophrenics and manic depressives — are excluded, except those who have been declared a 'lost cause' by psychiatrists.

My future aims are to develop the clinic on a broader scale as there will always be a strong need for such clinics as long as a large vulnerable section of the community exists.

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Reference

Shepherd M. What price psychotherapy? *Br Med J* 1984; **288**: 809-810.

Doctors and nuclear war

Sir,

It is essential that doctors, especially general practitioners, should involve themselves at all levels of civil defence planning. Civil defence is a sensible and reasonable precaution in a highly dangerous world. Of course we all want to see the abolition of nuclear weapons and bacterial and chemical warfare. But, so long as nuclear weapons exist, they can endanger the civilian population; no matter who holds these weapons, every government has a moral responsibility to provide reasonable precautions for the safety of its people.

In my opinion, as doctors, we are morally obliged to support all defence preparations and to be able to give efficient help to civil defence if the need ever arose, especially in a survival and restoration phase.

We cannot just look on, as it were, and watch developments. Obviously, it would be too late to prepare ourselves once the balloon has gone up — we must do it now.

Survival would depend more on the inspiration and guidance given to the people by their leaders and those trained for war and peace-time emergencies. It may well be in the rural parishes that the food is grown and they may be the key to national survival.

Perhaps three questions should be asked of any member of the Campaign for Nuclear Disarmament: (1) Could there be a war? (2) Could there be survivors? (3) Would you stand by helpless?

If you are prepared to help medically and otherwise, then you are applying the art and science of civil defence.

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Self-help group for retired general practitioners

Sir,

The Merseyside and North Wales Faculty is exploring the possibility of organising a group for retired practitioners.

We envisage that they themselves might want to organize social contacts, for example, a game of golf, or support, such as visiting colleagues at home or in hospital. We would also like to include them in some of our faculty meetings, as we feel we could benefit from their experience. It seems strange, and sad, that a professional group that spends so much of its time preparing others for retirement has neglected its own interests.

I am writing in case anyone can give us advice or experience of similar groups.

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The Clinical Research Nurses' Association

Sir,

Clinical research nurses are undoubtedly becoming widely accepted as vital members of multidisciplinary research teams investigating many aspects of health care.

The Clinical Research Nurses' Association (CRNA) aims to further such multidisciplinary cooperation and exists to support nurses who are involved in any form of research which relates to patient or client care. Such nurses are employed in many situations, university-based clinical research centres, medical research charities, social survey organizations, industry, hospitals and the community. Because of the variety and complexity of their work, these nurses are often isolated from their peers. To enable us to make known the existence of CRNA, we should like to hear of any nurses working in the clinical research field who are known to your readers.

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