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Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing.* Failure to comply with this may lead to delay in publication.

Practice profiles

Sir,

Frances Hanson and Conrad Harris are to be congratulated on their profile of general practice in an area (April *Journal,* p.165). The findings that interested me were that partnerships of two, and single-handed doctors had low claim rates for items of service, and that older doctors had lower rates of claim and smaller lists.

I work in a two-man partnership with a list size (patients aged under 65 years) of 2900 last quarter. My partner and I decided to compare our data with those of Hanson and Harris. Our claims for item of service payments for the last March quarter were 16.8% of the total income, which includes Seniority L and 111. Furthermore, the highest item of service claim was for contraceptive services, and maternity services were only £12 less. We had a low rate for temporary residents, because South Norwood is hardly a holiday area. All this is the reverse of the authors' findings.

It is probably true that maternity services are given up by older doctors, not necessarily through age, because I still deliver my own domino patients in our unit. It is, however, a demanding discipline, since it is nocturnal. In coping with night calls much depends upon whether one is a mesomorph or a cerebrotonic ectomorph, because increasingly we hear young doctors wishing to have a day off after they do one.

Another aspect that seems to make age irrelevent is the quality and amount of ancillary staff employed. We have made these independent, with a practice manager and two full-time receptionists. Professional book-keeping standards and follow up from the age–sex register, now aided by the family practitioner committee computer mean that performance in these respects is immaterial of age.

I suggest, with humility, that the problem is not associated with the age of the practitioner, as Hanson and Harris argue from all their work, but with management skills, team-work, good premises, and the distribution of the practice population, including mobility and structure. After all, we have the second highest birth rate of any ward in our borough.

M. KEITH THOMPSON

Woodside Health Centre
Enmore Road
London SE25

Maternity services: the consumer's view

Sir,

Audrey Taylor's paper on the consumer's view of maternity services (April *Journal,* p.157) is an interesting attempt at quantifying an important question that can be subject to much biased prejudice from both researcher and research population. I feel, however, that a few points of clarification are required, especially with regard to the sample population, which could render her results even more significant. It is not clear why mothers of babies born elsewhere were included in this survey or why indeed they were transferred into the district. Exclusion of these mothers would have reduced the number of variables concerned. A more important point is the omission of the reasons leading to the selection of general practitioner or consultant antenatal care. Were pregnant women given a choice of whom they saw? Was the decision affected by general practitioner or consultant counselling, or were pre-determined guidelines used? Did any of the sample population receive shared care? Were any women from the general practitioner care sample transferred to consultant care (or vice versa)? Finally, it would have been interesting to compare the mode of delivery (not mentioned in the text) and the presence or absence of complications with the mother's view of her antenatal and postnatal care, as a retrospective consideration of an event or process may be greatly modified by subsequent events, and the occurrence of a major life event, such as delivery, may well influence the feelings expressed concerning later events.

It is widely acknowledged that hospital antenatal clinics tend to be impersonal, rushed and subject to long waits. The best way to counteract the 'conveyor belt' system is to increase the ratio of hospital doctors to patients — to this end greater use of general practitioner antenatal obstetric care would be most welcome, in order to reduce the number of women seen in hospital clinics. Personally, I would like to see the consultant obstetrician and the general practitioner working more closely as a team with the pregnant mother as their first concern rather than perpetuating the 'them and us' feeling that is often still apparent.

N.C. DREW

Queen Charlotte's Maternity Hospital
Goldhawk Road
London W6 0XG

Balint and holistic medicine

Sir,

We are members of a group of general practitioners who are at present engaged in a research project with Enid Balint. Our group has been working together for almost two years, studying new ways of understanding the effectiveness of our work in general practice. We would like to comment on Dr Pietroni's article 'Would Balint have joined the British Holistic Medical Association' (April *Journal,* p.171).

There is at present a great deal of confusion about 'holistic' and 'whole-person' medicine, and Dr Pietroni's paper in making a comparison between his Association and the work of Michael Balint, makes a useful starting point to attempt a little bit of unravelling.

Nobody would dissent from the British Holistic Medical Association placing importance on the principle of 'responding