

Finally, the World Health Organization recently stated that the future spread of AIDS is dependent on the efficacy of preventive practical and educational interventions. Certainly, while the prospect of a vaccine remains remote (and its effectiveness remains in doubt — how many injecting drug users have been vaccinated against hepatitis B?), preventing the spread of HIV seems the only feasible means of controlling AIDS.

National health education campaigns have not been shown to work well and it may be that general practitioners through cooperation with local voluntary and statutory groups, and having ready and established access to the local at-risk groups are the best placed to provide practical and educational help to limit the spread of HIV, and to care for those already infected.

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Children and divorce

It is estimated that on current trends one in three marriages will end in divorce and one in five children will experience the divorce of their parents before reaching the age of 16 years.¹ In a clinic study of 60 families carried out in America over five years, the immediate effects of divorce on children were found to vary according to the age of the child.² Pre-school children were confused and frightened and blamed themselves for the breach; they expressed fears of being sent away from home. Schoolchildren expressed feelings of sadness and rejection, but normally did not blame themselves. Children over the age of nine years more often expressed anger and outrage at their parent's behaviour; they felt lonely and rejected. These feelings were openly expressed by some adolescents who also felt shame and embarrassment. Many of the adolescents found that they could disengage themselves from parental conflicts within one year. Although this work was carried out in America, there is no evidence that the experience of children in England differs markedly from this pattern. It has been suggested that some of the behaviour problems of children from broken homes may be accounted for by the material disadvantage experienced by these children.³

Important insights into the long-term effect of divorce on children were obtained from a longitudinal survey in Britain of a cohort of children born in 1946 who were followed through.⁴ The divorce of the parents was associated with more problems in the children when separation occurred before the children were five years old than when it occurred later in the child's development. School performance was also below normal. Boys showed more signs of distress than girls; for example a higher incidence of delinquency, especially crimes of violence and sex crimes and they had a greater prevalence of enuresis up to their teens. By young adulthood these children with an early experience of divorce had a higher incidence of illegitimate births, divorce, stomach ulcers, colitis and emotional problems. In their thirties this group had a higher incidence of depression, particularly among the women, and of high blood pressure among men.

What then can be done to help prevent physical and psychological ill-health in the children of divorced parents? Clearly, family discord is less upsetting for the children when the parents stay together than when separation occurs and there is evidence to confirm this from a survey in Edinburgh among

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71 families.⁵ Other work has shown that if separation does occur cooperation in the care of the children after divorce is associated with fewer long-term problems for the children.⁶ Mary Lund studied 30 families in Cambridge where the parents had been separated for at least two years.⁷ The families in the survey spanned all socioeconomic groups and educational levels and objective measurements of the children's adjustment were used. She described three patterns of behaviour among families where the parents divorce. First, harmonious co-parent families where arrangements about the children were negotiated amicably; children in these families showed little behavioural disturbance. Secondly, co-parent families characterized by conflict; children in these circumstances were less well-adjusted at school. Thirdly, families where the father was absent; children in these families showed the highest number of emotional problems and the lowest self-esteem.

In times of stress and crisis the general practitioner is often the first person approached. One report found that women experiencing a divorce went to the doctor more than men, but rarely gave the separation as the reason for the consultation; the complaints were usually of 'nerves' or 'tiredness'.⁸ Many of these consultations ended in the prescription of a tranquillizer and the marital problem was not uncovered unless the doctor specifically enquired about it. Children too may present to doctors more frequently with somatic symptoms at the time of their parent's divorce and the underlying family problem may not be identified. Even when the marital problem has been uncovered Richards and Dyson found that the general practitioners rarely asked about the children.⁸ It may therefore be useful for the general practitioner to enquire about family disharmony when adults or children attend with vague symptoms.

General practitioners need to understand that the health problems of children involved with a divorce are long-term and that the likelihood of these problems is lower when the parents cooperate in the care of the children. In the interests of the physical and psychological health of children of divorced parents general practitioners could do more to help parents come to an amicable arrangement, perhaps by referring the parents to the family conciliation services.⁹

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Course organizers in general practice

THE general practitioner course organizer is a relatively new post. It came into being as a direct result of the introduction of vocational training and was created primarily to organize release courses for vocational trainees. Course organizers were first established following the appointment of regional advisers in general practice in 1972.

Course organizers soon sprang up in substantial numbers as it became generally accepted that good vocational training should include at least a half-day or day release course in university term time. The first release course in England was held at Canterbury in 1964. Following its success Dr George Swift, the first postgraduate adviser in England, incorporated a day release course for trainees into his pioneering programme of vocational training in the Wessex region.

The problem of financing course organizers has always been difficult. Their salary was never reviewed initially in relation to their responsibilities, and because large numbers were needed quickly an arrangement was made whereby they would be paid at the same rate as general practitioner trainers but would not normally be permitted to take an individual trainee. This arrangement smacked of expediency but it did provide professional remuneration through an already established mechanism, and it certainly helped facilitate the development of vocational training. However, this system of payment has become increasingly anomalous in recent years.

An early survey of course organizers conducted by Whitfield and Hughes¹ showed the wide range of responsibilities and pointed the way to the subsequent dissatisfaction which has become increasingly manifest. Whereas in some regions good relationships exist with regional and associate advisers, with regular meetings, and there is good liaison between those involved in the postgraduate medical organization for general practice within the region, in other regions it is clear that team building has been less successful and some course organizers report lack of support and intense feelings of isolation.

Coupled with this has been a great doubt about exactly what course organizers do and in fact what they do appears to vary considerably region by region, and even district by district.

Obviously a survey was needed and this has now been carried out by Dr A.T.H. Williams, Senior Lecturer in General Practice at the University of Warwick and Associate Adviser in General Practice in the Midlands Region. As the Chairman of the Conference of Regional Advisers of England and Wales he was well placed to see the importance of this subject and had the experience and technique to carry it out. Entitled *Course organizers in general practice*, this occasional paper shows more clearly and in more detail than any other publication the degree of activity now undertaken by course organizers in Britain. It fills an important gap and quantifies many of the problems which have been talked about loosely at meetings and conferences. It helps to explain the pressure for collaborative work,

and the need for a national association of course organizers which was spiritedly formed by Dr J. Bahrami of Sheffield in 1984.

The National Association of Course Organizers fulfills a useful function in providing much needed support for a key group in general practice education. In management terms course organizers represent middle management. It is no exaggeration to say that in many districts success or failure of vocational training courses and many of the standards in training practices depend on their skills and leadership.

A national review of course organizers and their work cannot now be left much longer and indeed the importance of this document is that it serves as a basis for discussion which is factual rather than emotional. It makes it easier for the review of functions, responsibilities and pay to take place.

It is generally accepted that the responsibilities of course organizers are greater than those of the trainers, for whom indeed many course organizers are partly responsible. Many trainers recognize this and urge that those who have district-wide appointments should indeed have the greater reward. The link with trainer pay has probably had its day and the time has surely come for a professional review of responsibilities, with proper negotiations about remuneration in accordance with an agreed job description.

There are many factors to be taken into account. For example, the role and relationships of course organizers need fundamental rethinking. Are they in fact associate advisers, as indeed they are called in Scotland? Should they more logically be brought within the adviser framework — but in that case what would the financial price be in terms of regional budgets? Has the idea of the profession contributing to its own education become anomalous or is it a precious principle that badly needs to be maintained?

Finally, to make the pieces of this difficult jigsaw even more difficult to fit into place, the growing challenge of continuing education for established principals is looming, so too is the growing awareness that this massive educational exercise will need educational organizers of another kind who will almost certainly have to be district based, will need to be well trained, and can hardly be remunerated less well than consultants.

All in all the issues are formidably complicated and those who wish to unravel them will need to read *Occasional paper 34* as an important source document.

Reference

1. Whitfield MJ, Hughes RCW. Practice research: the course organizer. *Br Med J* 1981; 283: 21-23.

Course organizers in general practice, Occasional paper 34, is available from the Central Sales Office, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £4.50. Payment should be made with order and cheques made payable to RCGP Enterprises Ltd. Access and Visa are welcome (Tel: 01-581 3232).