

LETTERS

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AIDS — is general practice meeting the challenge?

Sir,

The acquired immune deficiency syndrome (AIDS) epidemic poses a major threat to public health in the UK.¹ It is therefore important to ask whether general practitioners have the knowledge, skills and motivation necessary to fulfil their responsibilities as health educators and providers of health care.²⁻⁴

A postal questionnaire survey of general practitioners' knowledge, attitudes and response to AIDS was carried out among the principals of a south west London family practitioner committee. A total of 318 doctors were approached in May and June 1987 and of these 165 (52%) returned completed questionnaires; 102 agreed to a telephone interview and were contacted. There were no significant differences between interviewees, other respondents, and all the general practitioners approached in terms of the doctors' personal or practice characteristics.

Of the 165 doctors returning questionnaires 46 (28%) had patients with AIDS and 82 (50%) had patients infected with human immunodeficiency virus (HIV). The majority of doctors (94%) knew that the AIDS test measured antibodies against HIV, but only 60% were aware that a raised antibody titre meant a person's body fluids were infectious. Most (94%) understood that HIV was not spread among the non-sexual household contacts of AIDS patients, and 88% were aware that accepted procedures for avoiding HIV infection in medical workers were the same as those for avoiding hepatitis B. However, only 60% knew HIV was easily inactivated by simple disinfectants and only 62% knew HIV was less infectious than hepatitis B.

Nearly 60% of doctors did not feel competent to provide AIDS counselling and advice, the reasons given being insufficient knowledge about AIDS (40%) and uncertainty about appropriate counselling skills (40%). Nonetheless 60% of doctors made a point of offering advice on AIDS

to homosexual patients and intravenous drug abusers; and 50% said they counselled promiscuous heterosexuals and the sexual partners of high risk patients.

There had been little discussion of AIDS with members of the primary care team other than the practice nurse — 63% of doctors had given advice to practice nurses, 44% to receptionists, 27% to district nurses, 23% to health visitors, and 7% to midwives.

A high proportion of doctors had made changes to their practice procedures as a result of AIDS. In all, 76% had changed their methods of venepuncture, 70% their procedure for minor operations, 39% their method of sterilization and 17% their system of record keeping. There was no consistency in the systems of working adopted. The changes made to venepuncture in high risk patients included referring patients to hospital (10 doctors), switching task from nurse to doctor (12) and wearing additional protective clothing, principally gloves (32). The changes made to sterilization (of scissors) included switching to a disposable product (five doctors), using disinfectants (five) and purchasing an autoclave (five) or steam sterilizer (two).

Of the 82 doctors interviewed, 43% said the AIDS epidemic had heightened their awareness of the need to elicit patients' sexual histories: however only 28% said they did so routinely. Few doctors (6%) were reluctant to accept homosexuals onto their lists, but 58% were reluctant to accept intravenous drug abusers.

The findings suggest that many general practitioners in this area of London are knowledgeable, skilled and committed to dealing with AIDS. However, attention must be given urgently to the need for technical direction on venepuncture and sterilization, the need for support in developing counselling skills and improving knowledge and the need to incorporate teaching on AIDS into the vocational training of new general practitioners.

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How easily can practices be contacted during normal working hours?

Sir,

The Patients' Liaison Group of the College has from its inception been interested in various aspects of the availability of primary care to patients.¹ One area of concern is the amount of information available to patients about the extent to which they can contact their doctor's practices during the normal working day.

The Acheson Committee reported² a wide variation in the arrangements for patients contacting practices during normal working hours and we wondered whether improvements had been made in the past few years which would make contact easier. We were interested in the provision of receptionist services, including services for making appointments, dealing with queries, repeat prescriptions and so on, during the normal working day. As the available literature was not very helpful we sent a questionnaire to all family practitioner committees asking for general statistical information about reception arrangements in the practices for which they were responsible.

Two-thirds of the family practitioner committees replied to our questionnaire but less than one in six were able to provide information about daytime reception cover. Of these only half reported that