attractive parts of a town, and more recently in nursing homes. What began with the beneficial use of 'contractual beds' in private nursing homes has led to the number of nursing and residential homes growing beyond the capacity of local general practitioners to provide adequate primary care. General practitioners do not have the time to visit these patients, nor to embark on the multidisciplinary case conferences which have been established as the most effective way to review an individual's needs comprehensively.[2] It should be noted that costs to the social services department increase about seven fold for each case admitted to residential care (Davies B, lecture given at AGM of Age Concern, 1988). Assuming that the 1981 probabilities of being resident in hospitals and homes still apply in 2001, some 40% more places, that is 101 000, would be needed, not allowing for the substantial decline in mortality which has occurred since 1961, particularly among men, and which could well continue. Against such projections, the falling number of women of working age can be expected to increase wage rates and the cost of care services.

It is unfortunate that attention on the elderly, who have the greatest medical and social needs, is so often pushed into the background. Recent examples include the (justifiable) publicity concerning the acquired immune deficiency syndrome which came at a time when diseases of ecological origin were thought to belong to a past age, and attention was being directed towards conditions of age-dependent and intrinsic origin. The activities of social workers, which were beginning to be focussed successfully on the needs of the elderly, have more recently been diverted to deal with the problems of child abuse. The political issues concerning the financing and organization of the health service seem to many to be focussed on hospital care. We must make sure that the opportunity to consider the needs of an ageing population is not missed, and that the special features of long-term social care for elderly people does not become an afterthought.

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To heal or to harm

THE British and Dutch schools of general practice have always had much in common in their development and the two colleges have in many ways advanced along similar paths. Certainly the current interest in performance review in the Netherlands is matched by the emphasis placed on performance review by the British College, for example in its discussion of fellowship by assessment.

Family medicine, which is fundamental to the cause of the British College, is another common theme. The stimulus for its analysis has come largely from the University of Nijmegen in the Netherlands, where its first professor of general practice, Professor Frans Huygen, has made outstanding contributions to this subject notably through his classic book, *Family medicine — the medical life history of families.*[1]

Another shared theme to which both the Dutch and British schools of general practice have contributed has been the dangers of dependency.[2,3] Experienced general practitioners know only too well how easy it is for patients to become fixed on certain somatic aspects of their bodies and how a most unhealthy pattern of behaviour can ensue which can lead to referral, multiple investigations, further referral or cross-referral, and still further investigations — all at great expense and often with little result. What is not always known, and even less understood, is the part that the doctor, the patient, and those who surround the patient at home and at work can play in contributing to this pattern. Separately or together they can harm as well as heal, and it is learning the skill of preventing harm that is one of the challenges facing general practitioners today.

The College has now published *To heal or to harm,* edited by Dr Richard Grol, a clinical psychologist at the Department of General Practice, University of Nijmegen. The book takes on this challenge and tackles in depth for the first time the problems of preventing somatic fixation. Originally published in Dutch but now translated into English for its third edition, it shows that the general practitioner holds a key role in preventing somatic fixation. Divided into two parts, *To heal or to harm* describes first the theory of somatic fixation and secondly how prevention may be put into practice. To do this the general practitioner must learn four essential skills, namely: taking a systematic approach, managing the doctor–patient relationship, taking appropriate somatic action, and taking appropriate psychosocial action. There is also advice on recording processes of somatic fixation and treatment, and discussion of the part such processes play in society as a whole.

In contributing to the theme of dependency this book also contributes substantially to the theme of promoting prevention, which the College has been rigorously pursuing in recent years. Prevention is being interpreted ever more broadly in general practice. In its simplest form it started with primary prevention (such as the immunization of babies against disease) but has now come to include secondary prevention (the prevention of disease) and tertiary prevention as well. The prevention of somatic fixation can be regarded as a form of tertiary prevention because it is designed to prevent complications after a problem or a disease has arisen.

The medicalization of health problems has long been a cause for concern, but although somatic fixation has been well known to general practitioners for some time, it has not previously attracted a specific diagnostic label and has therefore perhaps not attracted the academic study and analysis it has deserved. This book provides a rational approach to a major medical problem that is so much the province of the working general practitioner.

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To heal or to harm. The prevention of somatic fixation in general practice by Richard Grol is available from the Central Sales Office, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £12.50, including postage. Cheques should be made payable to RCGP Enterprises Ltd. Access and Visa are welcome (01-225 3048).