

in their general practitioner re-establish itself. One of the principal reasons patients do not confide in their doctors about their sexual orientation or HIV status is fear of lack of confidentiality¹ including that related to insurance companies. Sadly, it is becoming increasingly common for homosexual men to bypass their NHS general practitioner in favour of a private doctor with whom they can be frank. By so doing they maintain a clean slate with their 'official' family doctor for purposes of medical reports while receiving their actual medical care elsewhere.

I would disagree with Dr Gallagher's presumption that a dislike of homosexuality is common in the medical profession. In our recent survey of over 1200 general practitioners practising in London (report in progress) almost three-quarters considered that homosexuals should be accorded equal rights and freedoms with heterosexuals.

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References

1. King MB. AIDS and the general practitioner: views of patients with HIV infection and AIDS. *Br Med J* 1988; **297**: 182-184.

Just close your eyes and relax

Sir,
Thank you for publishing the review of *Just close your eyes and relax* (July *Journal*, p.331). I note the reviewer's criticisms of the tape and I would be the first to admit that the technical quality is far from perfect. However, it must be remembered that the tape is designed to be listened to over and over again, and susceptible subjects will be in hypnosis by virtue of the post-hypnotic suggestions and will not need to follow the induction procedure after the first few occasions. Indeed, using Gindes equation¹ — misdirected attention plus belief plus expectation equals the hypnotic state — the fact that there may not be enough time to complete the counting or the muscle relaxation is irrelevant to the process of hypnotic induction. Hypnosis is not the same as deep relaxation and is therefore not encumbered by the laborious need to reproduce lengthy procedures regularly. While I acknowledge the reviewer's reservations, I would like to point out that an almost identical programme has already given encouraging results.² It seems that the problems highlighted are much more of a problem to the reviewer than they are to the participant and perhaps this is because hypnosis is fundamentally a right hemisphere state, whereas appraisal is purely a left

hemisphere phenomenon. I hope that potential users will not be unnecessarily put off as it does seem that the programme has already shown its value.

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References

1. Gindes BC. *New concepts of hypnosis*. London: George Allen and Unwin, 1953.
2. Brann LR, Guzvica SA. Comparison of hypnosis with conventional relaxation for antenatal and intrapartum use: a feasibility study in general practice. *J R Coll Gen Pract* 1987; **37**: 437-440.

Nurse practitioners

Sir,

I read with interest the paper on nurse practitioners (July *Journal*, p.314). Unfortunately, I feel that it ignores some very important issues. As a general practitioner I was trained to deduce from symptoms, elicit signs and make a diagnosis, a most difficult task in a busy surgery. Nurses are untrained in these skills. They are trained to understand the patient's physical and mental needs in the face of a given diagnosis. We must make better use in general practice of skills that nurses are trained for, not push them into inappropriate areas. It is a recipe for disaster.

Perhaps the time has come to face the issue head on and train 'bare-foot doctors'. If there is a demand for someone other than a doctor to diagnose patients, and personally I am not convinced of this, let it be someone appropriately trained.

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Recording preventive information

Sir,

Your report of methods of recording blood pressure and smoking habits (News, August *Journal*, p.386), reminded me of a project which I had hoped to introduce in our practice before my retirement made indolence respectable. This was for a small rubber-stamped box in the left-hand margin on each continuation sheet in the record envelope, designed to remind the general practitioner of important preventive information at every consultation. Small stamps are easily and cheaply available to one's own design.

It is important that the record stands out at every consultation, that completion

and updating is as simple and quick as possible, and that the information is of value to all those who use the notes. I wish my records had included such an item.

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Partnerships in general practice

Sir,

In *Continuing education for general practitioners*¹ Branthwaite and colleagues paint a gloomy picture. This interesting paper highlights many problems, not least, those caused by partnership difficulties. It is encouraging to read that most general practitioners were committed to promoting good primary care but disheartening to read that the difficulties experienced in implementing change within the practice caused frustration and discontent among young practitioners.

I have recently come to believe that in future more continuing education will take place within the practice itself. This can partly overcome the problem of the time involved, and since it is directly related to patient care, it improves motivation. Case discussions and topic presentations with one partner responsible for providing background information are fruitful ways of practical learning. However, if partnership difficulties are an impediment to such an obviously rich way to learn, then we should be urgently analysing what is wrong with the processes and dynamics of partnerships in general practice.

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Reference

1. Branthwaite A, Ross A, Henshaw A, Davie C. *Continuing education for general practitioners. Occasional paper 38*. London: Royal College of General Practitioners, 1988.

Wanted — practice annual reports

Sir,

I am a member of the College at present doing some research on the annual report. If your practice produces an annual report I would be very interested to see a copy. Please send it to me at the address below; I will be pleased to refund any costs incurred.

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