LETTERS

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Patients' knowledge and attitudes to HIV and AIDS

Sir,

A study was undertaken in a 11 400 patient practice in Solihull to assess patients' knowledge of the routes of transmission of the human immunodeficiency virus (HIV), their attitudes to their own risks and their attitudes to their general practitioner should he or she become infected. Of 104 questionnaires distributed to patients as they attended for routine appointments and to collect prescriptions 103 were returned. The average age of respondents was 28 years (range 15–75 years); 66% were female and 34% male.

Blood transfusion and sexual intercourse were identified as routes of transmission by 83% and 99% of patients respectively. However, 14% regarded blood donation and 11% kissing as 'at risk' activities.

Eighty eight per cent of people felt that they did not run any risk of catching the acquired immune deficiency syndrome (AIDS) and had therefore not made any change in their behaviour (included in this group were six patients attending antenatal clinics). The majority (78%) reported that if they did feel at risk then they would consult their general practitioner first rather than a sexually transmitted disease clinic (6%) or telephone helpline (7%). The practice nurse was identified by only 3% of patients as the first provider of information.

When asked if they felt that their general practitioner should be tested as his/her work involved daily contact with patients who may be HIV positive, 76% felt that he/she should and 55% felt that patients should have the right to know the result. If they knew their general practitioner was HIV positive or had AIDS then 35% of patients would change doctors and only 43% would allow him/her to routinely examine them. Fewer would allow such a general practitioner to examine their child (34%) or spouse (34%).

The survey highlights several points. First, health education about the methods of catching AIDS is still needed and people need reassurance on the safety of blood donation. Secondly, if general practitioners are to be the first contact for advice then they will need to be up to date and have good counselling skills. Finally, if patients are going to remove themselves from a general practitioner's list on finding that he or she is HIV positive then the doctor and the practice are going to suffer financially as well as having to cope with a public illness. The press is interested in doctors and their illnesses and breaches of confidentiality have occurred in the past. Health care professionals should be assured that if they seek advice or counselling on HIV then the service is completely confidential, otherwise they will not come forward and learn how to make their medical practice safer.

N.R. WILLIAMS

44 Yoxall Road
Shirley, Solihull
West Midlands B90 3SD

General practice house officers

Sir,

I am the only house officer in the country who is working in general pratice. In 1985 a scheme in which general practice was included as part of a pre-registration rotation post was described.[1] A further three years on, no other such schemes exist. I am now the fifteenth house officer in this scheme, evidence that the experiment has matured into an accepted post at St Mary's Hospital at least.

The difference in attitudes of doctors in the community and in the hospital service is now a cliche. However, general practitioners know the pressures of hospital life, having spent the majority of their training in a hospital. Most hospital doctors have spent only a few weeks as students in the community and yet will be accepting and discharging patients from and to a network of medical care about which they have received only minimal education. The general practice house officer scheme offers the chance for a few doctors to broaden their experience to include general practice at pre-registration level.

The general practice house officer sees a wide variety of clinical presentations. In addition to the experience of general medicine and general surgery gained as a house officer in hospital, he gains experience in virtually all the other hospital specialties. The nature of general practice means that he is often the 'first on the scene' and thus has the opportunity to investigate, evaluate and treat patients on the basis of his own clinical findings.

For the house officer who intends to have a hospital career, the insight gained into general practice is considerable. He visits the patients in their homes and interacts with their families. He works alongside the district nurses, health visitors, physiotherapists, social workers and the many other groups that are necessary for the effective care of patients in the community.

Further, such a post need not be just for those doctors who intend to remain in hospitals. The committed general practitioner could also benefit. Attitudes and approaches differ, even between practices, and to see another practice in operation in addition to the training practice may enable better transfer of ideas and a more progressive attitude.

In addition, the practice forges another link with the hospital. The house officers bring with them the ideas, current practices and research interests of the consultants and registrars under whom they have served, thus providing a regular flow of information. The partners have the satisfaction of seeing the house officers progress as they come to terms with their new environment and responsibilities. Additionally, the house officer can help to some extent with the workload of the surgery.

Perhaps most important are the benefits for health care as a consequence of a broader and hopefully better education for doctors. The understanding of the community and problems that occur within it being necessary for the solving