

the consultation is devalued. If the doctor sees it as a means of avoiding a home visit, then the doctor is devalued.

Finally, I note that none of the telephone calls resulted in the patient coming to the surgery for examination.

P.J. SOUTH

Pullen Barn  
Staplehurst Road  
Frittenden  
Kent

## A car with flat tyres?

Sir,  
Clive Richards (December *Journal*, p.535) is, of course, right to point out the problems that general practitioners face in dealing with the stresses of the job and of illness in themselves and their families. Seeking support in periods of personal and professional crisis is something that does not come easily to doctors, possibly because of the Rambo stereotypes cultivated in the medical school bar and junior doctors' mess.

I am not so sure that his rather bleak view of the inevitable dwindling of intellectual and emotional stimulation in general practice is one that is shared as widely as he suggests. From my, rather ivory-towered, perspective I am constantly disabused of the notion that NHS general practice is an intellectual and emotional wasteland and am always impressed and frequently humbled by the astonishing amount of effort that is put into not only teaching and training but also routine clinical work and patient care commitments way outside those conventionally required of a general practitioner, not to mention a wide variety of involvement in local community activities.

This is not to bury my head. I am aware that when the frequent isolation and constant, unshared responsibility of general practice is superimposed upon a medical culture which prizes invulnerability above all else, things may crack, either personally, professionally or both. Communication is, as usual, at the root of all this. Self-doubt, failure and anxiety are normal phases, isolated or recurrent, of undergraduate and postgraduate medical training and need to be recognized as such. People need to know where to go to talk about these things. Tutorial schemes for undergraduates need to be taken seriously and there is a parallel message for course organizers and vocational trainers. Practice meetings need to develop into something more than a time to discuss holidays and income.

General practice is certainly demanding and I imagine that we have all seen colleagues running into difficulties. Never-

theless, I feel disproportionately privileged to be enjoying it so much; I hope I am not alone.

R.H. JONES

Aldermoor Health Centre  
Aldermoor Close  
Southampton SO1 6ST

## Online information

Sir,  
I was interested to read about the accessibility to information on the acquired immune deficiency syndrome (AIDS) using a telephone and computer in a practice setting (Letters, September *Journal*, p.422). Ideally, this direct method of information retrieval should be standard procedure for future general practitioners. As Stuart Librarian I have visited a number of practices during the last 18 months, talking to doctors and team staff about practice libraries, but have yet to find a practice which has seriously thought about introducing online facilities. There are a number of reasons for this — the cost, the difficulty of searching once access has been obtained<sup>1</sup> and the relevance of the information retrieved.

However, general practitioners have access (often without charge) to online services through medical libraries and I urge them to explore how they can use these services to help in day to day information work. The online systems are flexible; they can identify relevant references by subject, date, title of periodical and so on. General practitioners could experiment by using existing online systems as indexes to what they already have in their own practice libraries.

Doctors receive little training in the hands-on use of online systems. The introduction of a computer into a practice may lead to the identification of one person in charge of the technology, and this may not be the doctor — one practice I corresponded with earlier this year had employed an information officer. Although one person would carry out the direct online searches, doctors need to be aware of how to use data bases.

OASIS (online AIDS support and information system) is likely to be one of the first of many direct systems prepared for general practitioners.

MARGARET HAMMOND

Royal College of General Practitioners  
14 Princes Gate  
London SW7 1PU

## Reference

1. Anonymous. Searching MEDLINE. *Lancet* 1988; 2: 663-664.

## The influence of computer software on prescribing habits in general practice

Sir,  
Now that computer terminals on general practitioner's desks are commonplace, the need for sophisticated systems to allow the rapid issue of prescriptions by computer is being addressed by the major computer suppliers.

The Northern Primary Care Computing Group is concerned that difficulties may be encountered by general practitioners who wish to prescribe generically, as it seems that some systems make it more difficult to do this than prescribing a proprietary brand, especially where a generic alternative is not yet available. In busy periods it has certainly been my own experience that I have prescribed a proprietary brand owing to pressure of time and the slowness or incompleteness of a computer drug dictionary. Others have noticed that one software supplier has withdrawn a facility for generic substitution, without apparently discussing this beforehand, for example, with its user group.

There is no evidence that these problems are the result of any commercial pressures, but they cannot have escaped the watchful eye of the Department of Health. If the department wishes to monitor standards of computer software, especially where it has indirectly paid for the system, this will be one area of their attention. I would hope that the profession might ensure that its house is in order, in collaboration with our suppliers, before we become prey to constraints from governmental decree, this time in the field of primary care computing.

NICK BOOTH

Northern Primary Care Computing Group  
44 Meadowfield Road  
Stocksfield  
Northumberland NE43 7PY

## Computer appreciation courses

Sir,  
We enjoyed Dr George Taylor's letter (August *Journal*, p.376) suggesting car appreciation courses at the College as a natural development from the computer appreciation courses already running. Can we be sure that he is pulling the College's corporate leg or might his humour be a thin disguise for his Luddite instincts?

Were he to have been writing in 1888 when the internal combustion engine was yet to revolutionize the work of the rural general practitioner his words would have