ing. The talents of pharmacists should not be so dissipated on such an essentially menial task.

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Dispensing by the GP

Sir,

The government's desire to increase the cost effectiveness and competitiveness within the National Health Service as expressed in the white paper and in the revised contract only heightens the anomaly of the arrangements for dispensing, as was admirably expressed in Dr Roberts' article (December *Journal* p.563).

If general practitioners are encouraged to prescribe generically and cost effectively, while maintaining legal responsibility for a high standard of treatment, they can only do this if they have control of the supply of drugs. The dispensing general practitioner is able to ensure that medicines dispensed from his generic prescriptions come from a reputable source with consistent quality and with appropriate instruction leaflets in English. Those of us who are unable to dispense have no such guarantees nor do we have any recompense if the quality of the dispensing, while being legally correct, is clinically inadequate. General practice has moved a long way in the last 20 or 30 years, with many doctors working in well appointed, purpose built premises and practising high quality professional, scientific medicine. Surely dispensing by the doctor has more in common with this environment than do high street pharmacies, be they chain stores or individual shops, the vast majority of whose trade is in flannels, cosmetics and similar consumer-oriented products.

Is it not time that doctors and chemists should be able to compete on equal terms for dispensing contracts supervised by the appropriate professional bodies and the family practitioner committee? It is extremely surprising that a government dedicated to free enterprise and competition should perpetuate this blatant restrictive practice that presently exists.

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Christian approach to whole-person medicine

Sir,

I was interested in the article by Dr Sheldon on the Christian approach to whole person medicine (April *Journal*, p.166). I am not Christian but I believe in people and it appears that one of the most difficult problems that many of our patients suffer from is not believing in themselves. This is often the result of a number of circumstances including never being given a chance to believe in themselves.

However, the article was spoilt by the second sentence of the summary which talked about the spiritual dimension of 'man'. As a woman doctor I have been talked about as 'he' for 15 years. What about the spiritual dimensions of woman?

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Geriatric day hospitals

Sir,

I read with interest the survey by Dr Williams and colleagues of general practitioners' opinions about referring patients to geriatric day hospitals (November *Journal*, p.498).

In a similar study,[1] just published, we looked at referrals to a geriatric day hospital and likewise found that day hospitals were underused by general practitioners. This is despite the presence of an open access referral system which Williams and colleagues suggest can improve the referral rate. One possible factor is the 'long day hospital day', but more likely (as our study suggests) many general practitioners are not aware of the wide range of facilities of a modern geriatric day hospital.

To remedy this situation, I would suggest that exposure to a geriatric day hospital is made an essential part of vocational training[2] and that general practitioners should arrange a visit to their local day hospital if they are not familiar with the services offered.

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References

1. George J, Young JB. General practitioners and the geriatric day hospital. *Health Trends* 1989; **21**: 24-25.
2. George J, Young JB, Tucker JS. Senior house officer training in geriatric medicine. *Age Ageing* 1987; **16**: 111-114.

Failures of screening

Sir,

The note of caution sounded in Nicholas Hick's paper on misplaced loss of confidence in measles vaccination (April *Journal*, p.151) may be relevant to other preventive activities such as health screening. An analogous problem could arise where a screening test with a sensitivity of less than 100% is applied to a population with the aim of achieving a reasonably high uptake. As uptake increases, unrecognized sufferers in the 'screened: false-negative' group would begin to outnumber those sufferers in the unscreened group and an apparent paradox could later appear: unchecked disease would be commoner in the screened population than the unscreened.

I wonder what would be the public's reaction to such statistics in terms of their faith in screening services?

Is this another twist in the 'health screening can damage your health' debate?

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Sick doctors

Sir,

I am sorry that Dr Ruth Chambers, the writer of your editorial on the health of general practitioners (May *Journal*, p.179), dismissed the National Counselling Service for Sick Doctors as 'at best ... only a crisis intervention service'.

Since the service began in 1985 we have been able to offer help to over 400 colleagues many of whom have themselves taken the initative in contacting us. Sick general practitioners are put in touch in the first instance with one of 60 or so national advisers (many of them nominated by your own College). Where necessary the advisers can call up specialist help through the service.

Many of the problems which present arise from chronic disorders, for example alcohol dependence, depression and other psychiatric ailments which may need intensive and prolonged treatment.

As Dr Chambers rightly points out, doctors are diffident at the idea of consulting local colleagues. One of the strengths of the service is that it can readily provide help from outside the sick doctor's own patch.

Further information may be obtained by writing to me or by phoning our 'hotline' number 01-580 3160.

KEN RAWNSLEY

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