Working for patients

John Halsall (Letters, June *Journal*, p.260) has every right to expect that his emergency night calls should be dealt with in a professional manner.

His comparison with the armed forces raises two interesting differences in working patterns. Unlike general practitioners, soldiers spend only a fraction of their career in active service. In addition, they are retired from service rather younger. A career structure which leaves general practitioners as 'junior officers in the front line' at the age of 70 years is not ideal, especially as patient expectations continue to rise.

The problem of sleepy doctors is not going to be solved by a contract which encourages larger lists and discourages sharing the out-of-hours workload. Our chiefs of staff at the ministry are not old troopers who have risen through the ranks and remember what it was like in the trenches. Nor, in their plans for family practitioner committees and lack of interest in local medical committees, have they shown any wish to know. If, as I believe, good morale makes for better care, they cannot claim to be 'working for patients'.

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Christian approach to whole-person medicine

Sir,

Dr Sheldon has raised a number of issues (April *Journal*, p.166) that should not be ignored and I wish to express my support for the working party report *Whole person medicine.*

Spiritual aspects of health need to be considered alongside physical, social and psychological factors. A number of patients desire and need spiritual help, and this was demonstrated by the recent response to Dr Billy Graham's meetings. General practitioners feel it is important to study culture in relation to health. Thus when so many of the population of the United Kingdom and Ireland are professed Christians, doctors should receive more education about Christianity, its interaction with medicine and its resources, at both undergraduate and postgraduate levels. Local doctor–clergy groups would allow referral of patients for Christian counselling, which would provide practical help and meet spiritual needs.

In the working party report there are several cases of healing where prayer is involved and I know of several other cases. I urge you to read the case histories before you dismiss this out of hand.

If any Christian professional would like to get in touch with other Christian professionals, I suggest they contact Caring Professions Concern, Church House, 34A Hilltop Road, Earley, Reading RG6 1DB, to find out about local members.

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Value of MRCGP

Sir,

I hope the College will act to preserve the value of its qualification to its members. There seems to be a move in the recent white paper towards rewarding multiple diplomas,[1] a tendency which will tend to devalue the MRCGP. I deliberately eschewed the chance to aggrandize my name with a mass of letters, preferring to take that qualification which seemed most appropriate to my vocation. It is my assertion that MRCGP after my name is shorthand for: DObstRCOG, DA, DCH, FRCS(ptl), MRCP(ptl), DPM.

How do other members feel about this issue?

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Reference

1. Secretaries of State for Health, Wales, Northern Ireland and Scotland. *Working for patients (Cm 555).* London: HMSO, 1989.

DIGEST

This month • faecal occult blood screening • antibiotics • sclerotherapy • third world • non-attendance • hospices

Faecal occult blood testing for symptomless colorectal neoplasm

IN a large study in Nottingham general practitioners have recruited 156 000 patients aged 50–74 years since 1985. This preliminary report compares the experience of 53 464 subjects who were sent a faecal occult blood screening kit with the 53 885 controls who were not; 53% of the subjects responded and 618 (2.3% of completed tests) proved positive. After dietary exclusions (meat and high peroxidase vegetables) the tests were repeated and those who remained positive were fully investigated by colonoscopy. This revealed 63 cancers (2.3 per 1000 accepting the test) and 367 adenomas in 266 subjects. Testing is being repeated at two yearly intervals and, so far, there have been 20 'interval cancers'; 123 cancers have been diagnosed in the control group and 59 people have presented adenomas. Of the non-responders in the test group 83 have presented with tumours and 24 with adenomas.

The cancers showed a much higher proportion of early (Dukes stage A) tumours in the screening group (52%) compared with the control group (11%). The authors hope to continue two yearly screening even though the percentage of positive results are diminishing with repetition. They hope to produce definite recommendations when they can be sure what effect early detection has on long-term mortality.

(F.S.)

Source: Hardcastle JD, Chamberlain J, Sheffield J, *et al.* Randomised, controlled trial of faecal occult blood screening for colorectal cancer. *Lancet* 1989: **1:** 1160-1164.

Education and antibiotic use

THERE is an interesting juxtaposition of two articles on the effects of education on antibiotic use in a recent issue of *Family Practice.* The first is from the Ben Gurion University in Israel. Here new graduates of the health sciences faculty ran a 'health activist' course as part of a graduate project aimed at improving primary care in the Negev area. The course participants were members of the local community (mainly Jews of north African descent) who were designated to be future 'health activists', that is, lay people trained to fill the communication gap between the community and the primary health care facilities. In the course of 12 weekly evening meetings a variety of health-related topics chosen by the participants were discussed in small groups. The discussions were followed by a for-