

Correspondence

“ Undergraduate Teaching in Comprehensive Medicine ”

Sir,

I have read the article by Dr Max Clyne on Undergraduate Teaching in Comprehensive Medicine with interest, but I feel that I must correct the impression he has given that students in the United Oxford Hospitals obtain no insight into the problems of general practice, in fact many of the general practitioners in the region do meet our students and every student in his final year has the opportunity of spending one week living and working with a family doctor in the city and with another in the country. The attachment is a voluntary one but in fact almost one hundred per cent of the students take advantage of it and the scheme has been a very great success. General practitioners also take part in the lecture courses and in some of the seminars of special subjects.

JOHN BADENOCH.

University of Oxford.

Director of Clinical Studies.

“ Hospital Staffing ”

Sir,

In your current editorial comment on the report of the Platt committee you deal with issues that are of vital importance for the future of general practice.

You point out that the College is very much concerned with the position of the general practitioner so that the sick of this country can get the best available treatment, and emphasize the dangers inherent in the rift between the general practitioner and the hospital doctor.

Although you express dissatisfaction at the term medical assistant, you welcome the opportunities offered to the general practitioner

to enter into and take part in the work of a hospital and imply that this will help to bridge the rift and restore some of the prestige to the general practitioner which all must agree he has lost *vis-à-vis* his hospital colleagues.

The report of the Platt committee has been published at a time when the general practitioner through his medico-political leaders in the B.M.A. and his professional leaders in the College of General Practitioners has to make a decision, which I believe will be irrevocable, on the role of the general practitioner.

On the one hand, there is the future implied by the Platt committee and outlined by Mr Hurst, president of the Hospital Administrators on 16 May in his presidential address before the Minister of Health, when he expressed his belief that in the long run hospitals can and should assume the leadership both in health education and preventive medicine " they should in fact become health centres in the fullest sense of the term ". A future where the term medical assistant may be a prophetic title.

On the other hand, there is the prospect envisaged in the National Health Services Act where the general practitioner was to become the leader of the team, directing domiciliary care, treatment, health education, and preventive medicine. The area of this field of medicine has widened with the new concept of community care, embracing the mentally ill, the aged, and the handicapped, and presumably will be further extended in the industrial field when an occupational health service comes into being. The educational work of the College has stimulated many of us to see the general practitioner anew with a whole new armament within his reach. The new therapeutic discoveries and diagnostic techniques and the new orientation of medicine away from institutional towards community care should equip him for the task.

If we abandon the substance of general practice for the shadow of a subsidiary role in the hospital, under whatever title, we shall do a disservice to the best traditions of British medical practice and thus to the community we serve.

Birmingham 14.

M. BARROW.
