

# LETTERS

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**Note to authors of letters:** Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

## A path towards self care

Sir,  
Non-professional health care is part of the cultural heritage of the community. In western societies, the progressive specialization and technological orientation of medicine have a negative effect on health care resources within the community. We see increasing dependence on formal health care and the abandonment of self care.

It has recently been shown<sup>1,2</sup> that it is possible to promote self care through health education. We have explored the knowledge, beliefs and attitudes of our patients with respect to a self limiting illness, the common cold. Our survey employed a 30 item questionnaire administered to a random sample of patients attending a primary care centre located in the industrial belt of Barcelona. A total of 162 patients (33% men, 67% women) completed the questionnaire while waiting to see the doctor. Their average age was 42.3 years.

Fifty seven per cent of those surveyed claimed that some of the therapeutic measures they habitually use (drugs and/or home remedies) have healing effects against colds. Home remedies (vapours, gargling, and so on) were used by 62% of respondents and their use was reported more frequently by women. Over the counter medicines, mainly analgesics, were bought by 57% of respondents. Over half of the sample stated that they go to their family doctor when they have a cold; fever and general malaise were the symptoms most likely to lead to a consultation. Eighty seven per cent of respondents thought that a cold may cause more serious illnesses and this view was almost universal in people aged over 45 years.

We agree with other authors<sup>3,4</sup> that this type of study can be useful for determining groups highly dependent on health services and we hope that they lead to the development of health education pro-

grammes which are effective in increasing the responsibility of patients for their own health.

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## Role of practice nurses

Sir,  
We would like to report the results of a joint workshop between the Torbay district sub committee of the local medical committee and the Torbay practice nurses group. This arose after the 1989 Exeter trainers course which broke new ground by including practice nurses.

The aims were to increase understanding of the role of practice nurses, and to explore and promote their training. A set of objectives were agreed:

1. The body of knowledge and range of duties of practice nurses should be defined.

2. Practice nurses should be taught by practice nurses.
3. Funding for this education should be made available and time allowed.
4. Prospective practice nurse trainers should learn to teach, have attended a trainers course and have been in post for three years.
5. Practice nurses should work from a suitable environment.
6. Practices with practice nurses should produce agreed practice policies.

In an attempt to define the role of the practice nurse the tasks they performed were listed under the following headings: clinical, immunizations and injections, diagnostic, family planning, counselling, teaching, screening, audit/research, administration/management and management of chronic disease. This list was sent to Torbay practice nurses who were asked to divide the tasks into three groups: those expected of all practice nurses after their initial introductory period, those expected of the average experienced practice nurse and those expected of advanced nurses after further training.

A paper was presented to the local medical committee and the practice nurses group, who endorsed the aims and objectives.

The exercise highlighted the extensive role of the practice nurse. Many duties normally classified as part of an 'extended role' for community nurses are regarded by practice nurses and their general practitioners as within the normal definition of practice nursing. The exercise also illustrated that there were different levels of skills as defined both by nurses themselves, and by what general practitioners will delegate.

It became clear that the training needs of practice nurses are different for different levels of skill and a practice nurse would normally expect a period of practice experience before undertaking further training for advanced tasks. The exercise