

tions such as medical audit have limited or transient effects.

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Voluntary euthanasia

Sir,
Doctors on the medical ethics committee of the Order of Christian Unity, which represents all mainstream Christian denominations, discussed Dr Bliss's paper on voluntary euthanasia (*March Journal*, p.117) at their meeting in June.

The committee believes that doctors should never consider killing as an option in medicine, no matter how attractive (or cost effective) this may appear as a solution. The first rule of medicine, *primum non nocere* (first do no harm), must continue to be the law under which the profession functions.

Sadly few medical students now understand the importance of the Hippocratic oath, or its updated version in the declaration of Geneva (1948). Is there not a case for reintroducing some form of acceptance of Hippocratic principles after qualification as a doctor?

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What makes patients consult?

Sir,
The question of what influences patients in their decision to consult a doctor is a fascinating one. The paper by Wyke and colleagues (*June Journal*, p.226) confirms that the perceived severity of a symptom is a crucial factor in this decision to con-

sult. I am sure that most general practitioners would agree with this finding. In their study of respiratory illness in children, factors such as the mother's educational level and the number of children in the family under 12 years of age, which had been shown to be important in previous research, did not influence the decision to consult. The authors say that this implies that coughs were worst among the more materially deprived children and that this finding requires further investigation.

Having worked in a deprived area for a number of years, I have noticed that patients from educationally poor and socially deprived backgrounds are sometimes not very good at judging the severity of illness, particularly in their children. The link between social factors and the severity of the symptom does not seem to be in the objective severity of the symptom but in the subjective perception of the severity. Parents of lower socioeconomic status may perceive a cough as worse, and this may explain the findings of the study.

The worrying thing is that the inaccurate perception is not always in the safe direction of perceiving the cough as more severe than it is. I have visited children from deprived backgrounds with 'a bit of a cough' to find a severely ill child who has required immediate admission to hospital. In one recent case the child was lying relatively quietly and not interrupting the social life of the family which probably accounted for the lack of parental anxiety. The parents were terribly upset when they realized how ill their child was, my intervention having altered their perception of the severity of the illness.

By the objective criteria of the medically trained person, patients do consult 'inappropriately'. By their own criteria the decision to consult or not to consult is almost invariably entirely appropriate. Patients' perceptions are different from ours, and in the case of socioeconomically deprived patients, they may be very different. Not necessarily better or worse, but different.

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Sir,

We were interested to read the paper by Wyke and colleagues (*June Journal*, p.226) which suggested that severity of symptoms and changes in children's behaviour were prime factors influencing parents' decision to consult their general practitioner.

It was not clear whether or not the interviewer was blind to the interviewee's

consulting status. This is of crucial importance because, quite apart from identifying potential sources of error on the part of the recorder, careful consideration must be given to the more problematic but well documented effort after meaning¹ which seeks justification for behaviours such as consultation. Similar and equally damaging is prestige bias, whereby people with a strong need for social approval will give answers which they believe will tend to place them in a more favourable or reasonable light.² Rather than the perceived severity of symptoms, it seems much more likely that anxiety about the seriousness and meaning of such symptoms influences consultation behaviour.³ The authors' explanation of inconsistencies in decision making and predicted probabilities actually lends credence to this argument.

An individual's response to any perceived threat, however small, depends on the experience that precedes and surrounds it. Collapsing, in a non-explicit way, the social situation, personal history and prior self-management strategies into a single measure means that there is no way of telling which of the factors that influenced the z-scores account for the decision to consult. Social factors were not incorporated into the model but have been shown in numerous studies to affect consultation behaviour.⁴ It is therefore possible that demographic variables and perception of symptom severity influence the decision to consult through a third variable which perhaps did not feature in this research. While it seems eminently reasonable to derive a model of behaviour from this information it is quite another to attempt validation using the same data. Validity can only be tested prospectively on a different data set and at best, Wyke's 'inexpensive play' may indicate reliability but at worst proves neither.

Finally, studies into the decision to consult for specific symptoms do exist;⁵ there is, for example, evidence that patients' consultation rates for dyspepsia vary substantially from practitioner to practitioner.⁶ The authors conclude from their study that a more fruitful relationship between doctor and patient will result from understanding the process by which the decision was reached. This is obviously true but the patient's agenda is largely made up of their health beliefs and expectations which in turn are influenced by a lifetime's experience. General practitioners struggling with their biopsychosocial triangles and trying to understand what prompted a particular consultation may find it more appropriate and possibly more effective to examine the parents' personal and family concerns over the impor-