what they perceive to be their problems will reveal that many are still mentally and physically able. The whole interview takes at maximum half an hour with additional time for record keeping and referral to other agencies. A yearly review of all medication is performed by the patients' general practitioner.

Recent studies from Andover[2] have shown increased hospital admissions and inappropriate referrals when untrained volunteers are used to visit the elderly. My interpretation of the new contract is that intensive surveillance is not required or desired and a practical, caring and above all commonsense approach should be taken.

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2. Carpenter GI, Demopoulos GR. Screening the elderly in the community: controlled trial of dependency surveillance using a questionnaire administered by volunteers. *Br Med J* 1990; **300**: 1253-1256.

Management of myocardial infarction in the community

Sir,

The paper by Liddell and colleagues concerning the management of suspected myocardial infarction in the community (August *Journal,* p.318) highlights the general lack of commitment to and poor training in cardiac life support in the UK.

The resuscitation of patients by any means should be the responsibility of all health care providers from paramedic to doctor. I have now worked in an American environment for a year and I am impressed by their determined approach to this problem and by their training methods.

All American doctors are taught advanced cardiac life support at medical school and must pass a test demonstrating their ability before they can proceed to an internship (house job). Those continuing to work in hospital or high risk primary care must retake the test every two years. However, the advanced cardiac life support course is open to all medical staff; it teaches intubation, diagnosis of arrhythmias, defibrillation and the use of drugs to a fixed protocol. All trained members are expected to use all these techniques until further trained help is available. I believe the setting up of a similar system in the UK would be of great benefit, both in general and community hospitals.

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Medical sickness certification

Sir,

Dr Murfin's editorial on medical sickness certification (August *Journal,* p.313) is very topical. I feel that this certification should not be part of general practice. It is an open secret that certificates are given virtually on demand, though officially nobody will admit it. Anyone who wants or demands a certificate can have one from an obliging general practitioner. If it is refused the patient can demand a home visit, followed by a certificate.

I feel that there should be no difference between payment of sickness benefit and unemployment benefit. Everyone in the UK needs money for food and I cannot imagine that sick people eat more than unemployed people. If medical sickness certification were abolished then people would either be sick or unemployed, and all would get the same benefit. This would save the millions of pounds which are spent processing medical certificates and would also reduce the workload at the surgery.

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Debate on euthanasia

Sir,

Dr Bliss's paper on voluntary euthanasia (March *Journal,* p.117) has, as intended, provoked lively discussion. Ethics and religion can be interpreted subjectively and each of us is free to decide on our own particular case. I have no wish to be remembered by my nearest and dearest as a demented incontinent bereft of dignity and utterly dependent on others. Hence I am in favour of the 'living will', a legal document in which people can specify how they wish to be treated if terminally ill. However, I feel that there should be a yardstick to guide the individuals making the will and those who will be involved in implementing their decision, particularly the family and the doctor. The Barthel scale[1] for assessing disability after acute stroke could form the basis of such a scale with additional parameters for factors such as cognitive function. Statement of the individual's wishes by way of a living will made well in advance is highly desirable, and the concept should be widely publicized. In the absence of a living will, however, the relatives should be allowed to express what they consider would be the wishes of the individual concerned. In the latter circumstances, close scrutiny of all aspects of the case should be made, taking into account the possibility of selfish motives on the part of the relatives, but with the main focus on the medical aspects of the case. On the other hand, families should not be allowed to veto testators' wishes if the criteria they have laid down are reasonable. It is important that the testator should be made aware that the conditions under which they state that euthanasia should be performed must be responsible ones otherwise there might be risk of contention by the family and the doctor.

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Reference

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Vocational training: the meaning of 'satisfactory completion'

Sir,

The development of vocational training has been seriously hampered by persistent doubts about the meaning of the statement of 'satisfactory completion' which trainees are asked to provide as part of the procedure of attaining Joint Committee on Postgraduate Training for General Practice certification. Some people have interpreted the term as indicating attendance at a programme of training, others as a statement reflecting a trainee's level of performance.

Recently the Joint Committee invited the Royal College of General Practitioners and the General Medical Services Committee to help end the ambiguity. The purpose of this letter is therefore to state, in straightforward terms, that the three bodies concerned with standards in general practice regard 'satisfactory completion' as indicating that, in the view of the person signing, the trainee has achieved a satisfactory level of competence in the field of medicine to which the statement relates.

Given this, it will be possible in future to assure the public that the certificates of prescribed or equivalent experience issued by the Joint Committee do indeed indicate that doctors completing vocational training for general practice in the UK have achieved a satisfactory standard of competence and performance.

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