

Night calls — supply of emergency medications

Sir,

I have recently attended a lecture by the general manager of our family health services authority. We were told that the contractors (formerly known as doctors) are now required to ascertain the needs of the clients (formerly known as patients). *The Times*, not often read by managers (previously known as top people), published an article on 29 January 1991 about the difficulty experienced by one of their contributors in finding an all-night chemist to obtain a prescription at night.

In common with many other providers (previously known as general practitioners) I always kept a small stock of medicines for emergencies. I suggest that a small payment for doctors to keep drugs for emergency use be reintroduced.

G S PLAUT

233 Boroughbridge Road
York YO2 6AY

GPs for lesbians and gay men

Sir,

It has long been difficult for lesbians and gay men to find a general practitioner with whom they could feel relaxed in disclosing their sexual orientation (although for some reason this concern is usually expressed by gay men). In the past it has been difficult to help more than a very few because of the restrictions on what might be seen as advertising. However, following recent changes in advertising guidelines, we consulted one of the large defence societies who in turn consulted the General Medical Council. We are advised that there should no longer be any objection to collecting the names of sympathetic practitioners in order to help individual enquirers so long as a list of doctors is not published, and that any callers are told that the information given is not exhaustive.

We have been asked for help in this by London Lesbian and Gay Switchboard, a registered charity. The switchboard is frequently asked for advice on how to find a sympathetic general practitioner and volunteers are aware that this is a very real and unmet concern of patients. The switchboard has until now been unable to do much to help because of the doctrine that all general practitioners are equally able and willing to cope with all patients and all problems. Yet it is probable that some are indeed more likely to welcome gay patients. The listing of special interests

in the new directory of general practitioner services acknowledges such a possibility; it would be a great source of comfort to this group of patients to know that they had the support of a sympathetic general practitioner.

If anybody who feels that they would like their practice to be included in the switchboard's computerized list (and of course there is no implication that such a practice includes a lesbian or gay practitioner) I would be grateful if they would write to the switchboard. They would be asked to complete a brief questionnaire (about half a side) in order to provide minimal information for a prospective patient to make initial contact with the practice. The address is BM Switchboard, London WC1N 3XX.

PETER J V WILLIS

44 Hemingford Road
London N1 1DB

Improving communication between the national general practice organizations

Sir,

For many years there have been difficulties in achieving communication and coordination between the national organizations of general practice. I am pleased to report that considerable progress has been recently made both in bringing different organizations together and in achieving agreements about ways of working.

In April 1989 I had the privilege of chairing the first meeting which brought representatives of all the general practice academic organizations together with both the Royal College of General Practitioners and the Irish College of General Practitioners. This was followed in November 1990 by a meeting of representatives of: the Royal College of General Practitioners, the Association of University Teachers of General Practice, the heads of university departments of general practice, the United Kingdom Conference of Regional Advisers in General Practice, the Committee of Regional Advisers in England, the National Association of Course Organisers and the General Medical Services Committee where it was agreed to work together as a conference of academic general practitioners.

In addition, I was pleased to agree, as the then chairman of the council of the RCGP, a concordat with the chairman of the General Medical Services Committee, Dr Ian Bogle, which provides for a clearer definition of the roles of the two main

general practice organizations and prepares the way for improved cooperation and support.

DENIS PEREIRA GRAY

Alford House
9 Marlborough Road
Exeter EX2 4TJ.

WONCA regional conference: PGEA approval

Sir,

In December last year the first WONCA regional conference was held in Barcelona. This was a very successful meeting attended by about 1500 doctors from many different countries in Europe.

The International Committee of the Royal College of General Practitioners has recommended that this meeting be approved for four sessions towards the postgraduate educational allowance. Any general practitioner who attended the conference and who wishes to claim educational approval, can obtain from the clerk to the International Committee a statement of educational approval which should then be submitted to his or her local regional adviser in general practice in support of an application for recognition under the postgraduate educational allowance scheme.

D G GARVIE

The Royal College of General Practitioners
14 Princes Gate, Hyde Park
London SW7 1PU

Research in zoonotic diseases: help wanted

Sir,

I am researching certain aspects of the zoonotic diseases, and I am particularly interested in zoonotic diseases that have been diagnosed in immune compromised patients.

I would appreciate information from colleagues who have immune compromised patients who have developed common zoonotic diseases such as ringworm, cryptosporidiosis, leptospirosis, listeriosis, orf, campylobacteriosis, Q fever, toxoplasmosis, salmonellosis, yersiniosis and toxacariasis. This list is by no means comprehensive and information on other zoonotic diseases that are known to have occurred in immune compromised patients would be appreciated.

DEREK WILSON

Medical Centre
Hay-on-Wye
Hereford HR3 5AJ