

'The family physician's role is a difficult one. If it is to be sustained and developed, the general practitioner must become the most educated, the most comprehensively educated, of all the doctors in the health service.'¹⁵

Research is certainly important and so too is audit, for education draws on and is fuelled by both. The major challenge for the future is to ensure that the vision put forward by Sir Dennis Hill, a non-general practitioner, is brought to fruition. Therein lies not only the future of general practice, the future of the Royal College of General Practitioners, but more importantly, the welfare of our patients.

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Reflecting primary care in the new Europe

ALMOST since its foundation there has been an international dimension to the activities of the Royal College of General Practitioners. Traditional ties with the Republic of Ireland and the English speaking countries of the commonwealth were quickly extended worldwide. In Europe, College members were happy to contribute to the founding, in 1972, of the European General Practice Research Workshop whose conferences have since provided opportunities to meet and exchange ideas with other European general practitioners who share an interest in research in general practice. Similarly, College members have contributed to the work of the original and new Leeuwenhorst groups which concerned themselves with education for general practice.

Celebrations for the College's 40th anniversary coincide with the dismantling of barriers to trade between the countries of the European Community and with renewed interest in primary care throughout Europe. Attempts have been made by various European governments, including our own, to restrain spiralling health care costs by reforming the structure of health services. Fresh interest is being shown in general practice as the key to good quality patient care and to the most efficient integration of primary and secondary care resources. While the practice of medicine is much influenced by the culture in which it takes place, there is much to be learned from studying the experience of general practitioners working in different health care structures. Such studies reinforce the realization of a common core content of family medicine which transcends differences in national health care systems.

In this issue we publish original work from the Netherlands,¹ and Sweden,² a description of the changes in the provision of mental health care in Italy³ and observations by a British general practitioner on primary care in Italy.⁴ The *Journal* is pleased to acknowledge in this way the increasing flow of interesting and relevant papers from European general practitioners. We have long valued the interest shown by subscribers throughout Europe and the support of referees based in European countries.

From the Netherlands we publish a paper showing that women

suffering from stress incontinence can be treated successfully if they are prepared to carry out pelvic floor exercises following instruction from their general practitioner.¹ Little is known about telephone consultations compared with surgery consultations in terms of information obtained from the patient and the management decisions made. A Swedish study compares telephone consultations by nurses with surgery consultations by both doctors and nurses.² Guidelines for the telephone advisory service used in Sweden may well find application elsewhere. For many years in the UK the process of discharging long term psychiatric patients to the community has continued and psychiatry is gradually moving out of hospitals. Tansella and Bellantuono describe the same process in Italy where it has been more abrupt and comprehensive.³ However, their call for dialogue between general practitioners and psychiatrists is equally appropriate here and we have much to learn from the Italian experience. Pringle's description highlights the similarities and differences between general practice in Italy and the UK.⁴ He concludes: 'We have common problems and are testing common solutions; there is enormous potential for British and Italian general practitioners to learn from each other to the benefit of all our patients.'

Horder reminds us that people usually start by assuming that the way things are done in their own country is the best way.⁵ The function of a scientific journal of record is to challenge these assumptions and confront conventional wisdom. The medical journal is the forum where the medical profession can talk to itself in the same way that a country talks to itself in its newspapers. The journal of record is the essential medium for the publication of peer reviewed and fully referenced original research work on which the scientific practice of medicine is based. Such a journal has a responsibility to keep doctors informed on the issues that increasingly affect the practice of medicine. A well informed profession is best able to assess the worth of new technologies and the developments in the pharmaceutical industries. It is also best placed to expose the lack of scientific evidence to support some current ideas on population screening, health promotion and the prevention of disease.⁶

From its beginning the *Journal* has sought to 'reflect general practice from within'⁷ aiming to ensure that good quality original research work from general practice could weather rigorous critical scrutiny. We trust that the *Journal* continues to fulfil this primary responsibility to report interesting and important new research.

Recent dramatic political changes in eastern Europe have exposed mortality rates as high as those in western Europe 30 years ago.⁸ The new democracies must now strive not only for efficient and prosperous economies but for more effective health policies. The need will be not only for medicines and equipment but for the sharing of knowledge, the exchange of educational experience and the provision of current medical literature. It is encouraging that the European Community has set aside substantial funds for research in areas related to medicine and we would welcome a continued increase in contributions to the *Journal* from continental Europe; not only reports of original work, but correspondence, reviews and discussion papers. In this way we look forward with a sense of expectation to the evolution of family practice within Europe and hope to reflect European general practice from within.

ALASTAIR F WRIGHT
Editor of the Journal

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