firms the impression received in the consulting room.

However, I do disagree with their conclusion that this result makes for more confidence in encouraging uptake. After all, which other treatment do we give annually to 6–8% of our practice population which makes 40% of recipients feel ill? Patients' previous experience with the vaccine is a noticable hindrance to a good uptake rate.

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H-PIN code

Sir,

I would like to suggest that all correspondence concerning a patient should include H-PIN code where H stands for health and PIN for personal identification number. The code would comprise of the patient's date of birth followed by M for male and F for female. For example, correspondence concerning someone called Mrs Jan Akbar, date of birth 22 February 1951 would include her name followed by the code 220551F.

Patients do not only attend one hospital throughout their life and filing letters from different hospitals can be frustrating. The H-PIN code would not be a substitute for the hospital unit number or any other reference number but would be used in addition and would make filing in the practice easier.

People of British origin often have a son or grandson bearing the same first name or names, while people of overseas origin may be known by different names and sometimes by their first or second name. If a letter arrives in the practice concerning a patient called R Patel, one does not know whether this patient is male or female and it is time consuming to look at the files of both Ram Patel and his wife Rami Patel. Use of the H-PIN code solves all these problems.

The time has come to discard the tradition of addressing people as Mr, Mrs, Miss or Ms. This may be polite when correct but can offend when wrong. I propose that all patients should be called by their first name followed by their surname whether calling out their name in the surgery or addressing letters.

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The future of the GP

Sir,

I have recently moved to Malaysia where I continue to work as a general practitioner. This has given me the chance to reflect upon issues from afar. One aspect of particular concern is the continued existence of the general practitioner. As health care is a costly commodity, we have to provide value for money, and with all the recent changes, it is imperative that we should evaluate our worth, or even existence.

It seems that general practitioners rarely carry out those practical procedures which were once seen as routine work. Our function is now to act as a sorting house, unable to be fully involved in a case from start to finish. We have become involved in the fringe medical world, advising on social problems yet we are not qualified in that field; we are involved in counselling yet our training is woefully inadequate for this. Skills acquired during our training will, in many cases, not be put to use once established in our particular field. Is there still a need, therefore, for the person of first contact in the primary health care field to hold a medical qualification? Perhaps not.

It would make excellent economic sense to replace general practitioners with paramedics whose training and ongoing costs are far less than those of general practitioners. A nurse practitioner could more than adequately fulfil our role. The position of the paramedic is well established in the armed forces: this principle could be applied in the civilian role. Perhaps in the future doctors will be found only in hospitals.

Encouragement from the new contract to take on as many patients as possible will inevitably lead to a reduction in the number of general practitioners. Inevitably, well-person clinics, often run by nurses, will decline for want of new patients and a cost-benefit analysis of nurse prescribing is currently being considered by the government. Is the demise of general practice as we know it on the horizon? We need to stop and consider our future and direction before others do it for us.

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Depression in teachers

Sir,

During the past few years I have noticed that there are an increasing number of dedicated senior teachers, particularly single women, who have become severely depressed by the recently instituted changes in education. Many of these women have given their whole lives to the profession and feel professionally 'violated' by their non-teaching, political employers who force them to do more administration at the expense of actual teaching. For some of my patients, this has resulted in clinical depression.

I would be interested to know if other general practitioners have noticed a similar rise in depression in teachers in other parts of the country? If there is a real increase in morbidity, consequent upon the government's action, perhaps a case should be brought under the health and safety at work act.

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General Practitioner Writers Association

Sir,

Having just returned from one of the most stimulating, informative and enjoyable meetings I have ever attended I would like to inform teachers about the General Practitioner Writers Association. This association exists to improve standards of writing from and for general practice and to help authors and publishers identify each other. It holds two educational meetings a year. This year a splendid meeting at New College, Oxford looked at writing for medical television and writing fiction. The recent Keele meeting concerned the general practitioner as historian and was a feast of medical history seen through the eyes of family doctors from the 17th century to the present. Fittingly in the potteries it concluded with a superb autobiographical account of a boyhood in the poverty and squalor of the Five Towns up to and during the second world war. Frequent audience sampling revealed much more dedicated attention than is usual at most postgraduate educational events.

We meet next in Dublin in the spring where, if previous meetings are anything to go by, the most dispirited of general practitioners is likely to regain lost sparkle. I should be delighted to give further details to anyone who is interested.

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