

investment, not a cost. We need to tap the expertise of outsiders since seeking help is not a symptom of failure.

At the core of this philosophy is trust. One must let go if one expects others to respond. We are all resources to be shared, not dictators in separate boxes defending our boundaries at all costs.

This is an stimulating book, written in a clear style. It urges us to reflect on how we run our business and how we treat each

other. Innovative practice managers will find it rewarding, indeed anyone interested in managing change should dip into this book.

DAVID JEFFREY

*General practitioner, Evesham and medical director,
Evesham Community Hospital*

DIGEST

This month ● HIV infection ● community mental health

Doctors' fear of contracting HIV infection

THIS study is timely in the light of recent concerns about the transmission of the human immunodeficiency virus (HIV) in health care settings both by the medical profession and the general public. This investigation, based in several north eastern American cities, was designed to explore some of the issues underlying the fear of contracting HIV infection experienced by physicians caring for patients with the infection.

Qualitative research designs are sometimes criticized as producing mere anecdotal accounts. In this study, however, the strategies employed to test the validity and reliability of open ended questions provide a good example of how one can blend traditional and newer research methods in order to obtain more meaningful results. Unfortunately, in view of the detailed nature of such an investigation, one is inevitably limited by the total number of interviews possible — only 30 subjects were recruited in this study. This drawback, however, is well compensated for by the rich description of the physicians' accounts, which offers the reader a human response expressed in words rather than numbers.

The authors reported that the fear of contracting HIV infection was common among the physicians interviewed and often conflicted with their ethical responsibility to patients. As a consequence, some physicians were over zealous in their use of infection control measures, in order to ensure personal safety. Only some of the subjects admitted to their fear as 'irrational'. None of the physicians interviewed had stopped caring for patients with HIV infection, despite their fears. Eight of the 30 doctors interviewed had had to educate and reassure their families who were fearful of the consequences of this work for the doctors and themselves. While the debate on blanket HIV testing of all health care professionals or patients continues, it is important to rationalize emotional decisions. For example, the hepatitis virus exacts a higher death toll among health care workers than does HIV, yet the value of similar testing has excited little attention. Instead the value of widespread preventive vaccinations of health care workers has proved a lot more useful.

IRWIN NAZARETH

*Lecturer, Department of Primary Health Care,
University College of London*

Source: Epstein RM, Christie M, Frankel R, *et al.* Understanding fear of contagion among physicians who care for HIV patients. *Fam Med* 1993; **25**: 264-268.

Community mental health teams

COMMUNITY based multidisciplinary teams and liaison psychiatry services are becoming increasingly widespread in

primary care. Little information, however, is available on the effects of such services in general practice.

In this prospective controlled study, two matched groups of general practitioners were randomized to index and control groups. The index group were offered access to a new community service in addition to retaining access to a new community service in addition to retaining access to established psychiatric services. The control doctors continued to use the existing psychiatric services. The new mental health service was based in a community health centre and comprised three fulltime members — two community psychiatric nurses and one social worker. Regular support on a sessional basis was offered by three senior registrars, two consultant psychiatrists, a psychologist and a secretary.

In the first year the effect of the new service was an increase by a factor of four in the rate of new referrals for patients with depressive illness and an increase in the referral rate for patients with active psychotic symptomatology, suggesting increased availability of specialist care for severely mentally ill patients, who would previously not have had such contact.

As observed by the authors, the greatest increase in referral rates was for patients with relatively mild psychiatric disorders who could possibly have been treated as effectively by the general practitioner. It is unclear whether easy access to mental health services encouraged this pattern of referral or whether index general practitioners actually required support in the daily management of these patients. Further work is essential to identify those groups of patients who would benefit from specialist treatment in the community, and the cost effectiveness of such an intervention.

It was further reported that the new service resulted in a considerable reduction in demands made on outpatient services, but no difference in the use of inpatient facilities. This finding reiterates the need for inpatient care for some patients, irrespective of the extent of community support available.

Primary care multidisciplinary specialist services are a welcome change to the traditional hospital outpatient based services. The active participation of the general practitioner in such a service, a factor not included in this study, is extremely important. Feasibility testing of similar schemes in other areas, such as the care of elderly patients and those with chronic medical disorders, is urgently required.

IRWIN NAZARETH

*Lecturer, Department of Primary Health Care,
University College of London*

Source: Jackson G, Gater R, Goldberg D, *et al.* A new community mental health team based in primary care. A description of the service and its effect on service use in the first year. *Br J Psychiatry* 1993; **162**: 375-384.