

more thoughtful use of primary care services. It is likely that an out of hours centre open between 19.00 hours and 22.00 hours could cover an area with a radius of five miles or more and reduce the out of hours workload of general practitioners in the area by about 60%.

Many of the doctors who were not sure about primary care out of hours treatment centres could become more positive if they were more familiar with the idea, and if they knew that funding was available. However, it is clear that not all general practitioners see this as the solution to the problems of 24-hour general practitioner cover.

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Treatment of drug misusers

Sir,
Research can change that which it purports to be studying. That described in the paper by Tantum and colleagues (November *Journal*, p.470) did exactly that; their work undermined rather than supported traditional patterns of general practitioner behaviour.

I write from Rochdale district. I suspect Rochdale is the mill town described in the paper. I have had drug misusers on my list ever since I started practice 20 years ago. Several times in their paper the authors describe intensive promotion of the project among doctors. At the sharp end I am certain that they worked hard and saw mountains of paper disappear from their office. However, at the coalface I was vaguely aware that something was afoot at the nearby tertiary care regional centre. I did receive a pad of their multi-coloured forms which were of no direct benefit to me or my patients. Always willing to help, I filled them in, probably more assiduously at first than later. This tail-off phenomenon is well known and documented.¹ I do not believe that it corresponded with any tail off in treating patients.

I can confirm that our local psychiatrists suddenly developed heightened sensitivity to patients with problems of drug misuse, following contact with the tertiary care centre. Similarly, I received a protocol for the treatment of drug addicts. Top down

dissemination of protocols is notoriously inadequate.² This protocol was for unpromising withdrawal and was unsatisfactory as it failed the acid test of usefulness.

The matter was further complicated by the inception of drug teams. They had closer links to the regional centre, greater resources, and were willing to supply greater amounts of methadone than was customary among general practitioners. This served to undermine general practitioners' confidence at the very time this piece of research was taking place.

I believe the Rochdale drug team has the following composition: a manager, a social worker, a psychiatric nurse, a child care worker, a probation worker and sessional input from two local general practitioners. I understand that they have a load of between 80 and 100 clients. In my own single-handed practice of 2700 patients in adjacent Heywood I have 18 registered opiate addicts who I treat with maintenance/withdrawal therapy. The money I received for a drug dependency health promotion clinic has now been withdrawn.

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Teaching the art of medicine

Sir,
Bruce Charlton (November *Journal*, p.475) is to be applauded in his discussion of humane medicine, both for his consideration of the philosophy of medical education and for his comment on the science of medicine.

To most doctors medicine is seen as a science both in its frame of reference and in its practice, and to many it now assumes a commercial dimension. In many ways, however, it is appropriately classed with the arts, considering its background and expression, and this is seldom recognized either in training or in practice. The result often breeds a pseudo-science which is compelled to analyse everything with familiar 'scientific method' even when this may be inappropriate,^{1,2} and which rejects innovations not conforming to these constricting regulations.³

Science is concerned with the discovery and exploitation of data on repeatable patterns in isolated units with maximum precision.⁴ Medicine (certainly general practice) has to consider disease (which is different in each case) in patients (who vary infinitely) in physical, psychological, social and spiritual contexts, by different doctors (who have the same variability as patients); and each variable and the response to it differs with time. Without the recognition of this we would not have made much of the progress which the Royal College of General Practitioners has helped to foster in recent years. Although each of these variables may be measured scientifically, the whole may not.

While we may base our practice on the soundest scientific principles we can find, it is often valid to look to the arts to help us to function optimally. Like medicine, the arts are concerned with the uniqueness of the individual and of an individual's responses.⁴ We should already be aware of books, poems, films or paintings which have helped us to form our responses to experiences our patients have had but we have not. Much of Plato's philosophy is based on the premise that art is a search for the recovery of perfection or wholeness;⁵ the same could and should be applied to the active process of healing⁶ ('heal' is derived from the Old English meaning 'whole').

The *British Medical Journal* recently published an article by a schoolgirl, a prospective medical student, on her experience shadowing a house officer.⁷ In it she described her reaction on witnessing death: 'I think it could be hard to remember that each death can never happen again and that each person's grief is different and cannot just be given a prepackaged response.' An artist has no difficulty with this, nor have most doctors. But science could only provide a 'prepackaged response', and most of us have been guilty of considering death only in scientific, statistical, or even commercial terms. I hope the writer of this article will not lose her insight as a result of scientific training at medical school.

A shift from purely scientific towards a more artistic medical training (or education⁸) would demand a philosophical sea change. At the very least it is important that doctors realize the proportion of their profession which is art rather than science.

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