be, just as non-smoking doctors may be judgemental with teenagers who smoke. Speaking for myself, however, I have the utmost respect and empathy for young teenagers coping with the relentless media and peer pressure to engage in sex at the earliest possible opportunity. I do not believe, however, on the evidence available, that simply giving them a packet of condoms or contraceptive pills is always the healthiest response that I, as a doctor, can make.

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GPs' low morale

Sir,

I was interested to read the letter from David Kernick outlining his analysis of the reasons behind low morale in the profession (letter, August *Journal.* p.445). I would like to reassure Dr Kernick and our other members that the Royal College of General Practitioners is actively involved in identifying ways of improving this situation.

The RCGP's two stress fellows are beginning to tease out the various issues and are looking at ways of dealing effectively with stress and morale in general practice. Both are currently engaged in visiting faculties to speak at conferences and meetings, and to talk through the various issues with members at grass roots level. In addition, the RCGP is currently undertaking a number of projects suggested by the *Revaluing general practice* report. The Department of Health has been helpful in funding this activity.

There is currently out for discussion among our members a consultative document on 'the nature of general medical practice'. This report was produced by a working party chaired by Professor Nigel Stott and seeks to address the role of the general practitioner. Further work is beginning on looking at how the profession can take a leading role in shaping the future of general practice and primary care — a task which we hope will involve faculties and ordinary members as well as the council of the RCGP.

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Art of communication

Sir,

Two years ago I was preparing for the examination for membership of the Royal College of General Practitioners. I now live in Carauari, a town of up to 30 000 inhabitants on the banks of the Rio Juruá in the state of Amazonas, Brazil. My husband (a fellow general practitioner) and I came out here a year ago with the United Nations Association of International Service. After two months of Portuguese lessons and two brief hospital attachments in Manáus we arrived in Carauari.

When we left Manáus I was pleased with my language skills but I was about to receive a shock: many of the patients we encountered had never heard a foreign accent, and they used a dialect based on that of the local Indians. In consultations I listened to strings of words I did not understand until I recognized a single word which I then pursued like a hound chasing a hare.

My questions of 'What do you think is causing that?' were met by shrugs and 'It's you who knows, doctor.' People here like having injections and consider treatment inferior if it does not include at least one intramuscular dose of an antibiotic and a handful of vitamin pills. The latter are bought from pharmacies which encourage such beliefs for obvious financial reasons. The appreciation of the psychological effects of mental health are limited, to say the least. Somatization is common, with utter denial of any cause other than a physical one.

Our experiences have been rich and varied. Only after a couple of months did we discover that the phrase we had been using to tell people to go away and rest actually meant to go and have a baby. Nine months later we are experiencing the fruits of our earlier advice. Communication problems have also arisen during neurological examinations. Such examinations can be complicated enough in English but in poorly spoken Portuguese they are even more confusing for the patient. On asking a man to put his finger on his nose to check for 'past pointing' he promptly started picking his nostril (much to his daughter's disgust).

At times, the frustration with communication is immeasurable. Once, a woman came to consult me. I remembered the woman from the month before when she had been in hospital to have her eighth child. I do not often make spot diagnoses but her slow gait, lack of facial expression and loss of weight struck me immediately as the characteristics of depression. I longed to be able to explore what she was feeling but, with my limited language, my questions sounded brusque.

With such limitations in our verbal communication skills the importance of non-verbal communication has become great. One of the hardest tasks is to break bad news. Finding the words in one's mother tongue to say to the parents of a premature baby that their first cherished child is unlikely to survive is a challenge, but in a non-fluent second tongue it makes one feel inadequate. We have found that we are now more likely to touch our patients; this is something that our local colleagues would never do. A number of people have commented on how much more accepted they feel because of the physical contact we make.

As our patients become more open, we have in turn learnt more about their culture. Once, a mother was admitted to hospital with a threatened miscarriage. Eventually, after much exploring I discovered why she was so tense: her aunt had told her that the bleeding was a sign that she had a 'beast' rather than a baby growing inside her. This knowledge has helped me to reassure a number of subsequent patients in a similar position.

I hope that on our return to the United Kingdom and the start of work in general practice we will not forget the lessons we have learnt here. As doctors we are in a privileged position to discuss with patients matters which are highly personal. At times, we become so preoccupied with searching for a diagnosis that we forget the communication skills that we learnt in our earliest days of childhood. I hope that by keeping hold of our humanity, our eyes remain open to see our patients as whole people.

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