

then will medical research begin to influence clinical practice in a manner more suited to its undoubted potential value; clinicians will be able to integrate the information provided by medical research into their everyday clinical practice and be able to discuss such information with their patients.

References

1. Cochrane AL. *Effectiveness and efficiency: random reflections on health services*. London: Nuffield Provincial Hospitals Trust, 1972.
2. Alvarez-Dardet C, Ruiz MT. Thomas McKeown and Archibald Cochrane: a journey through the diffusion of their ideas. *BMJ* 1993; **306**: 1252-1254.
3. Peckham committee. *Research for health: a research and development strategy for the NHS*. London: HMSO, 1991.
4. O'Dowd TC, Wilson AD. Set menus and clinical freedom. *BMJ* 1991; **303**: 450-452.
5. Charlton BG. Medical practice and the double-blind, randomized controlled trial [editorial]. *Br J Gen Pract* 1991; **41**: 355-356.
6. Haines A, Jones R. Implementing findings of research. *BMJ* 1994; **308**: 1488-1492.
7. Gordon DR. Clinical science and clinical expertise: changing boundaries between art and science in medicine. In: Lock M, Gordon DR (eds). *Biomedicine examined*. Dordrecht, Netherlands: Kluwer Academic Publishers, 1988.
8. Working party of the second European conference on the teaching of general practice. The work of the general practitioner. *J R Coll Gen Pract* 1977; **27**: 117.
9. Koorevaar R, Bruijnzeels MA, van der Wouden JC, et al. Patients with suspected meningitis: a study in general practice. *Eur J Gen Pract* 1995; **1**: 21-24.
10. Muris JWM, Starmans R, Fijten GH, et al. Non-acute abdominal complaints in general practice: diagnostic value of signs and symptoms. *Br J Gen Pract* 1995; **45**: 313-316.
11. Snow CP. *The two cultures: and a second look*. Cambridge University Press, 1969.
12. Schön DA. *The reflective practitioner: how professionals think in action*. Aldershot: Academic Publishing Group, 1991.
13. Department of Health. *Research for health*. London: DoH, 1993.
14. Lelliott P. Making clinical informatics work. *BMJ* 1994; **308**: 802-803.
15. Nowlan A. Medical informatics: the professional challenge. *BMJ* 1994; **309**: 1385-1386.
16. Heath I. General practice at night; the public must decide what sort of service it wants [editorial]. *BMJ* 1995; **311**: 466.
17. Lewis IJ, Sheps CG. *The sick citadel: the American academic medical center and the public interest*. Cambridge, MA: Oelgeschlager, Gunn and Hain Publishers Inc, 1983.
18. Rogers EM. *Diffusion of innovations*. New York, NY: The Free Press, MacMillan Publishing Company Inc, 1983.
19. Epstein PE. Cassandra and the clinician: are clinical prediction rules changing the practice of medicine? [editorial] *Ann Intern Med* 1990; **113**: 646-647.
20. McLennan B. Launch of official health statistics users group [news item]. *BMJ* 1992; **305**: 979.
21. Gifford SM. The meaning of lumps: a case study of the ambiguities of risk. In: Janes CR, Stall R, Gifford SM (eds). *Anthropology and epidemiology*. Dordrecht, Netherlands: D Reidel Publishing Company, 1986.
22. Tanenbaum SJ. What physicians know. *N Engl J Med* 1993; **329**: 1268-1271.
23. Eddy DM, Billings J. The quality of medical evidence: implications for quality of care. *Health Aff (Millwood)* 1988; spring: 19-32.
24. Feinstein AR. *Clinical biostatistics*. Saint Louis, MO: CV Mosby Company, 1977.
25. Berwick DM, Feinberg HV, Weinstein MC. When doctors meet numbers. *Am J Med* 1981; **71**: 991.
26. Casscells W, Schoenberger A, Graboys TB. Interpretation by physicians of clinical laboratory results. *N Engl J Med* 1979; **299**: 999-1001.
27. Eisenberg L. Science in medicine: too much or too little and too limited in scope? *Am J Med* 1988; **84**: 483-491.
28. Berwick DM, Enthoven A, Bunker JP. Quality management in the NHS: the doctor's role. *BMJ* 1992; **304**: 235-239.
29. Brody H. *Stories of sickness*. New Haven, CT: Yale University Press, 1987.
30. Charon R. The narrative road to empathy. In: Spiro HM, Curnen MGM, Peschel E, St James D (eds). *Empathy and the practice of medicine*. New Haven, CT: Yale University Press, 1993.
31. Knottnerus JA. Interpretation of diagnostic data: an unexplored field in general practice. *J R Coll Gen Pract* 1985; **35**: 270-274.
32. Dixon AS. 'There's a lot of it about': clinical strategies in family practice. *J R Coll Gen Pract* 1986; **36**: 468-471.
33. Dixon JM, Elton RA, Rainey JB, Macleod DAD. Rectal examination in patients with pain in the right lower quadrant of the abdomen. *BMJ* 1991; **302**: 386-388.
34. Kinnersley P, Owen P, Richards J, Wilkinson C. Rectal examination in patients with abdominal pain [letter]. *BMJ* 1991; **302**: 908-909.

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The tragedy of Yugoslavia

TWO American family physicians, concerned for the protection of human rights in the face of interpersonal and political violence, tested their assumption that physicians can be uniquely useful in the investigation of human rights abuses by joining a medical mission to the former Yugoslavia in 1993. The purpose of the mission as a whole was to investigate the effect of the war on children, the medical aspects of human rights abuses and the violations of medical neutrality. The visit lasted two weeks. One author went to Croatia, the other to Bosnia. They visited and observed refugee camps and hospitals, and interviewed refugee women and children and officials in governmental and non-governmental organizations.

They had direct experience of the daily shelling of the main hospital in Sarajevo and the great shortage of essential medical supplies. Indirect evidence confirmed serious psychological damage to a large number of refugee children, a suicide rate in adult refugees seven times the norm, physical torture and arbitrary shooting of groups of non-combatants.

The authors returned convinced that physicians have a special role, first because they are perceived as impartial and caring, thereby helping victims to report terrifying experiences; and secondly, because detailed medical histories and physical examination can provide the crucial link between alleged abuses and observed injuries. The special contribution of family physicians is, first, their flexibility that enables them to evaluate a wide range of situations in a short time in men, women or children; and secondly, their awareness of physical, psychological and social problems, all of which simultaneously afflict victims.

The moral obligation of physicians, as physicians, to investigate and protect human rights is discussed sensitively in this paper.

I found this article interesting in itself, but also for personal reasons. Two weeks before the Yugoslav civil war started, I addressed and enjoyed what will prove likely to have been the last medical conference attended by doctors from all seven parts of the former confederation. Eighty years before that, my wife's parents met for the first time as members of a Quaker ambulance serving in Serbia in the first world war. They witnessed events no less brutal than those described in this article and in all our newspapers.

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