15. Sakinofsky I. Suicide in doctors and their wives. *BMJ* 1980; **281:** 386–387.
16. Nelson S. Some dynamics of medical marriages. *J R Coll Gen Pract* 1978; **28:** 585–587.
17. Bennet G. *Patients and their doctors.* London: Baillière Tindall, 1979.
18. Barker MG. The doctor's family. Rendle short lecture 1980. *Service of Medicine* Suppl., April.
19. Heins M, Smock S, Martindale L, *et al.* Comparison of the productivity of women and men physicians. *JAMA* 1977; **237:** 2514–2517.
20. Horder E. Stress in the general practitioner's family. In: *Royal College of Practitioners 1982 members' reference book.* London: RCGP.
21. Gray JP. The doctor's family: some problems and solutions. *J R Coll Gen Pract* 1982; **32:** 75-79.
22. Dewe P. Measuring work stressors: the role of frequency, duration, and demand. *Work and Stress* 1991; **5:** 77–91.
23. Newton T. Occupational stress and coping with stress: a critique. *Hum Relations* 1989; **42:** 441–461.
24. Ducker DG. The effects of two sources of role strain on women physicians. *Sex Roles* 1980; **6:** 549–559.
25. Hall DT. A model of coping with role conflict: the role behaviour of college educate women. *Admin Sci Quarterly* 1972; **17:** 472–486.
26. Hollway W. *Subjectivity and meaning in psychology.* London: Sage, 1980.

Acknowledgements

The author thanks Dr J K Rout and Dr S Lewis for their helpful comments. I am grateful to the general practitioners and their spouses for cooperating in this study.

Address for correspondence

Dr Usha Rout, Department of Psychology and Speech Pathology, Manchester Metropolitan University, Elizabeth Gaskell, Heathersage Road, Manchester M13 0AJ.

Concerns about doctors' health, their attitudes to their own health and their ambivalence towards health promotion initiatives raise the suspicion that general practitioners may take health promotion for themselves less seriously than for their patients. I explored this hypothesis by examining the medical records of the 41 doctor patients on my practice's list who were aged under 75 years. I also examined the medical records of 41 controls who were the closest matches for age, sex and social class (according to the registrar general's classification).

Subjects' medical records were examined for the presence or absence of recordings of each of the criteria in the general practitioner health promotion contract. In my practice, health promotion recording is either opportunistic or as a result of health promotion clinic attendance. Recordings of the health promotion criteria in the subjects' records were as follows: blood pressure, 49 of the 41 doctors and 80% of the 41 controls; smoking status, 61 and 88%, respectively; alcohol intake, 41 and 66%, respectively; body mass index, 37 and 59%, respectively; family history of stroke or coronary heart disease, 22 and 39%, respectively; exercise advice, 10 and 29%, respectively; and dietary advice, 10 and 29%, respectively.

These results appear to compare favourably with the results of Richards' study.[1] His doctor respondents reported discussing preventive health measures with a general practitioner as follows: blood pressure, 23%; smoking habits, 10%; drinking habits, 4%; stress and lifestyle, 14%; and weight and diet, 9%. However, his survey was carried out before health promotion was incorporated into the 1990 contract for general practitioners; since then there has been a financial incentive for general practitioners to ensure that health promotion activity data are recorded.

At face value, the results of my study suggest that there were substantial differences between the group of doctors and the control group, but when the paired *t*-test was applied, the differences were not statistically significant at the 95% level.

While a larger sample would clarify whether doctors differ significantly from the average, these results should act as a reminder to doctors to pay attention to promoting their own health and that of their doctor patients.

M G Dornan

Holywell House Medical Centre,
Holywell Street, Chesterfield S41 7SD

Doctors as patients

Health promotion for doctors

Much concern has been expressed about doctors' health[1] and O'Donnell's comments are striking: 'Doctors use their power and status to distance themselves not just from their patients' feelings — and their own — but from the dreaded implications of mortality.'[2]

It is known that cirrhosis of the liver is three times more common in doctors than in the general population.[3] It is also known that general practitioners can influence their patients' behaviour in relation to smoking[4] and alcohol intake,[5] and there is emerging evidence that health checks can lead to some sustained changes in behaviour.[6] Thus, some health promotion approaches by primary health care workers are known to be effective while doctors are not without health promotion needs. Therefore, there is an opportunity for general practitioners to promote good health of their doctor patients.

References

1. Richards C. *The health of doctors.* London: King's Fund, 1989.
2. O'Donnell MA. A remedy for doctors' disease. *The Times* 1987; 10 April: 11.
3. Royal College of General Practitioners. *Alcohol — a balanced view. Report from general practice 24.* London: RCGP, 1986.
4. Russell MAH, Wilson C, Taylor C, Baker CD. Effect of general practitioner's advice against smoking. *BMJ* 1979; **2:** 231-235.
5. Wallis P, Cutler S, Haynes A. Randomised controlled trial of general practitioner intervention in patients with excessive alcohol consumption. *BMJ* 1988; **297:** 663-668.
6. Imperial Cancer Research Fund Oxcheck study group. Effectiveness of health checks conducted by nurses in primary care: final results of the Oxcheck study. *BMJ* 1995; **310:** 1099-1104.