

a certain extent. Therefore, we can no longer ignore the issues relating to alternative medicine, and research in these areas should be given greater emphasis.

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Clinical guidelines in primary care: a survey of general practitioners' attitudes and behaviour

Sir,

In his 1994 survey, Siriwardena found that GPs were generally in favour of clinical guidelines and thought they improved patient care (December *Journal* p.643). Our recent experience produced similar results.

We developed guidelines for the management of cervical chlamydia infection based on recommendations from the Communicable Disease Surveillance Centre.¹ In 1994 and early 1995 we gave these guidelines to GPs and practice nurses in the 14 general practices near St George's Hospital that took part in a project to screen women for chlamydia infection. In January 1996 we sent a confidential questionnaire to all 53 GPs and 11 practice nurses in those practices, asking their opinion of these guidelines. If there was no response, we sent the follow-up questionnaire via the practice manager, who was asked to encourage the relevant GP or practice nurse to complete it.²

Eighty-three percent of the GPs and 72% of the nurses returned completed questionnaires. Seventy-six percent of respondents had received the guidelines and claimed to have read them, 14% could not remember and 10% had not received them (we omitted to ask if this was because they had only recently joined the practice). Eighty-four percent of respon-

dents found the guidelines easy to use and 81% said the guidelines had altered their clinical practice.

In addition, we asked whether practices would continue to screen women for chlamydia. The guidelines suggested that this should be considered for women aged under 35 years attending for speculum examination. Ninety-four percent of respondents said they would continue testing women for chlamydia. Indications included: vaginal discharge (94%); suspected pelvic inflammatory disease (92%); before IUCD insertion (46%); aged under 25 years and sexually active (35%); and before termination of pregnancy (20%).

Siriwardena observed that GPs often fail to follow systematic guidelines even when they are evidence-based. Moreover, responses to questionnaires may not accurately reflect what is carried out in practice. We are now analysing patients' records to see if our guidelines did lead to appropriate patient management.

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GPs' views of a new counselling service

Sir,

GP Care is a service being offered throughout five FHSAs to general practitioners (GPs) and their families, and involves both telephone and face-to-face counselling. The aim of this exploratory interim study was to assess GPs' beliefs about such a service and whether or not they would consider using it. This is part of a larger study, the results of which are yet to be published.

Fifty-seven GPs from five FHSAs were randomly selected using a quota sampling strategy and interviewed on the telephone about their beliefs concerning the GP Care service just prior to its commencement (Bedfordshire, *n*=11; Buckinghamshire, *n*=11; Lambeth, Southwark and Lewisham, *n*=11; Hertfordshire, *n*=13; Berkshire, *n*=11). The sample was composed as follows: 70.2% male (*n*=40), 29.8% female (*n*=17), 91.2% full time (*n*=52), 8.8% part time (*n*=5), 93% in a group practice (*n*=53), 7% single handed (*n*=4) practitioners, 1.8% aged 20-29 (*n*=1), 44.6% aged 30-39 (*n*=25), 42.9% aged 40-49 (*n*=24), and 10.7% aged 50

Table 1. Beliefs about the new counselling service (numbers in parentheses)

Would GPs find a counselling service helpful?	No	Possibly	Yes	Don't know
In general?	0 % (0)	29.8% (17)	66.7% (38)	3.5% (2)
For work related problems?	12.3% (7)	36.8% (21)	49.1% (28)	1.8% (1)
For personal problems?	3.5% (2)	10.5% (6)	86 % (49)	0 % (0)
What factors would deter GPs from using the service?				
1/ Confidentiality		52.6% (30)		
2/ Professional pride		40.4% (23)		
3/ Not admitting that there's a problem		24.6% (14)		
4/ Not having faith in a counsellor		19.3% (11)		
5/ Not having the time		19.3% (11)		
6/ Embarrassment		15.8% (9)		
Would GPs prefer to talk to some on the telephone or face-to-face?				
Telephone	22.8% (13)	Face-to-face	61.4% (35)	Both 14% (8)
How would you feel about using the service?				
Would use	52.5% (30)	Might use	38.6% (22)	Would not use 8.8% (5)

and over ($n=6$). The results are shown in Table 1.

Although several barriers to using the service were reported, such as fears about confidentiality, professional pride, GPs not admitting that there was a problem, and not having the time, GPs appeared positive about the value of the counselling service, in particular for dealing with personal problems. Furthermore, most preferred face-to-face counselling which would avoid 'crossed wires', and the majority said that they would use it. This suggests that emphasizing factors, such as the confidentiality of a service and its applicability to dealing with personal problems, may encourage GPs to seek help. However, despite this enthusiasm for the service, all GPs that said they would use it stressed that this would be 'if the need arose', 'as a last resort', 'if I had a problem', and 'if the problem were serious enough'. Accordingly, perhaps service use can only be facilitated by encouraging GPs not only to use the service if the need arises, but also to enable them to acknowledge when indeed this need has arisen.

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What do young people want from their GP?

Sir,

During adolescence, teenagers start taking responsibility for their own health. They visit their general practitioner two or three times a year.¹ By the age of 15, approximately 50% of boys and 60% of girls do so unaccompanied,² but there is evidence that they may be getting short-changed with regard to consultation time.³ Accordingly, research outlining what teenagers want from primary care has been published.

Here, we report the views of a small study of teenagers in response to questions posed to them about primary health care. We used 188 adolescents aged between 16 and 17 years from two, large, mixed comprehensive schools in Oxfordshire, where we had been asked to talk to the sixth form classes. All of them completed the questionnaire, with 30% stating that they had visited their GP in the previous month. They were asked to list the follow-

Table 1. The percentage of 188 adolescents putting 6 different service provisions in primary health care in order of priority where 1=most important and 6=least important.

	Percentage (%)
Magazines	
1	2
2	2.5
3	6
4	10
5	16
6	63
Friendliness	
1	4
2	12
3	20
4	16
5	36
6	10
Phone advice	
1	15
2	36
3	19
4	20
5	6
6	3
Confidentiality	
1	65
2	20
3	7
4	5
5	2.5
6	2.5
Written information	
1	7
2	17.5
3	28
4	23
5	17.5
6	7.5
Special clinic	
1	7
2	12
3	20
4	26
5	22
6	14

ing services that they required from their GP in order of importance:

- Having notices and magazines for young people
- Friendly and welcoming staff at the front desk
- Being able to telephone the practice and ask advice on an anonymous basis
- Having confidentiality ensured
- Having good written advice on contraception, exercise, diet
- Having a health centre-run clinic especially for young people.

The results can be seen in Table 1.

In response to the question, 'Were there things that you liked about visiting your

local health centre?' half of the teenagers referred to the friendly atmosphere and attitudes of the doctors and receptionists and other staff. When asked, 'Were there things that you did not like about visiting your local health centre?' 25% responded that it was too quiet — 'very quiet in the waiting room', 'too morbid, sad and quiet', 'too quiet and stuffy'. The second most common complaint was that there was not enough time spent in the consultation itself, but too much time spent waiting — 'too short with the doctor, too long waiting to get in' — a complaint that may be shared by a wider age-group! There were also many respondents who obviously felt intimidated by the practice surroundings, and felt self-conscious because most of the other people there were older.

It is obvious from these results that confidentiality is of over-riding concern to young people. It is therefore essential for all practices to find ways of reassuring young people over this issue.

We feel that this is in an area that warrants further research.

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Doctors' authority

Sir,

Historically, the medical profession has been ridiculed, caricatured, scorned and attacked by some, and glorified, admired and idealized by others. In recent decades its authority has been submitted to profound changes, and as a result we asked three groups of patients their opinion on medical authority.

Group 1 ($n = 68$) were drawn from an out-patient clinic of the University of Vienna; Group 2 ($n = 54$) consisted of patients attending a 'naturopathic' GP practice in Munich; Group 3 ($n = 89$) were patients from a mainstream GP practice in Exeter. All were asked to give their opinion anonymously about the following statements: