

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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References

1. Department of Health. *General Household Survey*. London: HMSO, 1992.
2. Balding J. *Young people in 1993*. HEA Schools Health Education Unit. University of Exeter, 1993.
3. Jacobson L, Wilkinson C, Owen P. Is the potential of teenage consultations being missed?: a study of consultation times in primary care. *Fam Pract* 1994; **11**: 296-299.

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: