
● digest ● digest ● digest ● digest ● digest ●

Overseas electives

WHEN I was at medical school in the 1970s, the extent of advice given to students about to embark on overseas electives was simply to pack enough antidiarrhoeal medicines. The authors of this paper describe the training courses offered to American medical students prior to their departure for international electives. Not surprisingly, they found that the US medical schools that provide such courses expect their medical students to get more out of their elective periods with the right 'attitudes and technical skills necessary for a meaningful educational experience'.

The authors found that a quarter of medical schools were providing formal international health training before students embarked on electives in 1993 — substantially more than in their previous survey in 1990. There had been a fundamental shift away from tropical medicine courses, where the focus lay in the 1950s and 1960s, to a public health/primary care emphasis in the 1990s; this is partly because it is usually the family medicine departments who have taken the initiative in establishing and running the courses.

Unfortunately, the authors of this paper merely monitored the frequency and contents of the elective courses and did not report any student outcomes after training. We still do not know whether the pre-elective courses were worthwhile and if students who had attended training courses prior to their electives were better prepared for their overseas trips.

DR RUTH CHAMBERS

*General practitioner principal, Stone, Staffordshire,
and senior lecturer in Primary Health Care,
University of Keele*

Source: Heck JE, Wedemeyer D. International health education in US medical schools; trends in curriculum focus, student interest and funding sources. *Fam Med* 1995; **27**: 636-640.

● digest ● digest ● digest ● digest ● digest ●

Musicians' problems

AS a general practitioner married to a semi-professional cellist, and having had a number of musicians on my list of patients for many years, I found this article interesting and educational.

Medical problems and potential solutions are described logically and effectively with a very good 'seven steps to treating musicians' box of advice.

The authors usefully emphasize the importance of instrument position. My wife's own pupils were virtually pain-free, even after hours of practice, because she laid great emphasis on the comfortable positioning of the cello and the cellist from the earliest lessons.

BILL PATTERSON

Regional adviser in general practice, Edinburgh

Source: Potter PJ, Jones C. Medical problems affecting musicians. *Can Fam Physician* 1995; **41**: 2121-2128.

● digest ● digest ● digest ● digest ● digest ●

● digest ● digest ● digest ● digest ● digest ●

Patients, doctors and the media

IN two linked papers the authors examine the relationship between doctors and the lay public. The papers arise from events which occurred in the late 1980s when the first author, then Professor of General Practice at the University of Otago, publicly expressed the possibility of a link between polio vaccination and the development of chronic fatigue syndrome. There was some evidence for the possibility of this linkage then, which the authors now realize is not likely, but they examine the consequences of a senior academic floating ideas in public that are contrary to accepted medial opinion.

Professor Murdoch was immediately enveloped in a storm — on the one side the medical establishment castigated him for rocking the boat, and on the other, lay groups, which opposed immunization for all kinds of reasons, welcomed him with open arms. In the middle, of course, was the press, sensationalizing and polarizing the view points, with little respect for moderation or scientifically proven fact as opposed to conjecture.

The authors examine the dilemma on the basis of autonomy, beneficence and non-maleficence, and justice. In the process they comment on the view of many within the medical profession, that the public should just be given advice based on scientific research, and not be involved in doubt. This attitude is resented by lay people, who consider it to be a reflection of medical paternalism and who want to be involved in decisions which might involve the potential for harm.

There are no answers to this dilemma, but the papers again draw attention to the tendency of doctors to behave in an autocratic manner, the tendency of the press to misinform, and the tendency of the informed public to feel left out of life and death decisions.

ANDREW MARKUS

General practitioner, Thame, Oxon

Source: Murdoch C, Townsend T. Becoming involved in controversy: an ethical appraisal. *The New Zealand Family Physician* 1995; **22**: 136-140.

● digest ● digest ● digest ● digest ● digest ●

Doctors and immigrant patients

THE term 'immigrant' is used with respect in Canada, but in the UK the term 'ethnic minority' is used instead, to avoid any denigration. This article is based on the research carried out by Dr Cave and his colleagues at the Department of Family Medicine at the University of Alberta. The aim was to formulate recommendations for facilitating communication, and for helping to prevent misunderstandings during cross-cultural patient-physician interactions.

The study showed that physicians and patients seem to be aware that culture is a factor in doctor-patient relationships, but differ in their perception of its importance in assessing quality of care. The patients were immigrants from Poland, Chile, El Salvador, Vietnam, India, East Africa and Jamaica. The physicians were of European heritage.

The doctors' expectations were that patients should seek advice, share information and comply with management. The patients expected their physicians to be capable technicians who needed only technical information. Therefore, they told the physicians what the patients thought they wanted to hear and did not reveal their true life-styles if these were against Western ideal-

ogy. For conditions requiring cultural sensitivity patients consulted other medical practitioners within their own cultural groups and other healers practising alternative medicine.

The recommendations for family physicians include:

- Determining whether language will be an issue during consultation and arranging for a translator if appropriate
- Distributing responsibility among practice staff for the increasing demands on doctors' time
- Making use of ethnic associations who can help with multicultural issues, and
- Developing a practice-guide for immigrant patients informing them about relevant procedures, both administrative and clinical.

BASHIR QURESHI

General practitioner, Hounslow, West London

Source: Cave A, Maharaj U, Gibson N, Jackson E. Physicians and immigrant patients: cross-cultural communication. *Can Fam Physician*. 1995; 41: 1685-1690.

● digest ● digest ● digest ● digest ● digest ●

Obesity

THIS study was carried out in two community hospital-based, medical school-affiliated family practice centres in Ohio. It evaluates the results of measuring waist and hip circumferences as well as height and weight in 414 obese patients aged 45 and

over for a period of four months in 1993.

Central obesity of the android type, in which the fat deposits are mainly in the abdominal area, are strongly associated with abnormal glucose and lipid metabolism and therefore with the risk of diabetes and arterio-sclerotic disease. This study found that this potentially dangerous type of obesity was associated more with waist-hip ratios than with the usual measurement of height and weight. The authors suggest that in general practice it would be wise to add waist and hip measurements to those of height and weight when evaluating obese patients. Some degree of central obesity is likely to be present if the ratio of the waist (the narrowest part of the torso) to the hips (with the largest circumference between the waist and thigh) is greater than 0.95 in men and 0.80 in women. This means that, for example, a man with 40-inch hips whose waist exceeds 38 inches and a woman with 40-inch hips whose waist exceeds 32 inches (some authorities suggest 34 inches) are both at risk.

This seems a wise suggestion, and in my opinion there is a strong case for these measurements to be taken and evaluated in obese adults between the ages of 25 and 45 at an age when preventive measures are likely to have a greater effect.

DENIS CRADDOCK

Retired general practitioner, Surrey

Source: Logue E, Smucker WD, Bourget CC *et al*. Identification of obesity: waistlines or weight. *J Fam Pract* 1995; 41: 357-363.

● digest ● digest ● digest ● digest ● digest ●



Audit In Practice

This is the first manual which offers concise practice examples of audit on a wide range of clinical and organisational topics. The layout is such that it will be easy for practitioners to copy sections or incorporate designs into their systems from the forms provided.

The audits were chosen because they are common, important and relevant to everyday general practice. They have all been rigorously tested, are individually referenced and share a common structure.

Price: Members £14.95 Non-members £16.50

Adolescent Health: Training GP Registrars

Adolescents have largely been neglected as a group in relation to medical care. However, young people's needs are increasingly being recognised and the Health of the Nation targets include some specifically aimed at this group.

Adolescent Health is a resource for course organisers and trainers wishing to run a session on "Adolescent health in primary care". It is designed for use with GP registrars on vocational training schemes and could also be used for medical students. The contents included suggestions for preparatory work to be carried out by registrars, organisation for the main half-day session, useful addresses, an assessment form, and a section on keeping up to date.

The sections on background reading and critical reading bring together a number of articles on adolescent health which give a comprehensive overview of the subject and will be an invaluable resource for course organisers, trainers and registrars.

Price: Members £10.00 Non-members £11.00

Medical Records In Practice

The general practice record serves three basic functions: as an *aide memoire* for the doctor, to communicate with other health professionals involved in the patient's care, and for easy recall of background information. The statutory requirements for record keeping are those set out in the Red Book, either an envelope or folder may be used, but there is no official guidance on the use of computer records.

The increasing size and complexity of the primary health care team make it essential that practices should have established policies in relation to record keeping.

Coming at a time when all NHS bodies have been asked to ensure that their arrangements for handling patient information conform with DoH guidelines, this book is essential reading for all members of the primary care team.

Price: Members £20.00 Non-members £22.00



0171 823 9698