by the GP, whereby ranges of scores point to the use of different treatments and management plans.

We are currently validating our scale in a number of general practices in Leeds, and we hope that our work will provide answers to these questions as well as enable university departments and primary care practices to work together in the improvement of this pressing problem.

PAUL CLARKSON
SEAN LYNCH

Division of Psychiatry and Behavioural Sciences
Clinical Sciences Building
St James's University Hospital
Leeds LS9 7TF

References

1. Malrow CD, Williams JW, Gerety MB, *et al.* Case-finding instruments for depression in primary care settings. *Annals of Internal Medicine* 1995; **122:** 913-921.
2. Masters N. Depression screening instrument. *Br J Gen Pract* 1995; **45:** 439.

Art for art's sake?

Sir,
Sweeney's exemplary Mackenzie lecture (February *Journal*) highlights exactly why this type of perspective is an absolute necessity to today's undergraduate students. Here at the Royal Free Hospital School of Medicine we are about to embark on special study modules which aim to 'tell it how it is' in the areas of cancer, oncology, and palliative care. Indeed, the focus of our intended course is as much on living with as on dying from cancer, and is aimed at students at the beginning of their second clinical year.

One of the reasons why I do not think that competency will be neglected[1] — a characteristic that patients expect from their doctors — is that current training does not prepare students well for a whole host of conditions that cannot be cured but merely controlled (diabetes, arthritis, HIV-infection, some cancers). MacNaughton cites a single randomized controlled trial which supposedly indicates that patient-centredness may be incompatible with 'quality care'. My interpretation here is that patients are people, and to separate out an individual's medical care from their 'whole person' care is a false dichotomy that undermines that very fabric of the doctor–patient relationship. Thus, for example, in a beautifully crafted set of interviews of people with chronic pain syndromes, Brodwin points to the absurdity of trying to divide the medical care of a person from their ordinary social background. This surely is the point of a wider understanding of the humanities — something that enhances the understanding of students about the real lives of their patients.

The challenge for us as doctors, teachers, people, and, yes, patients is to integrate humanities teaching into the curriculum such that it complements the more traditional biomedical learning that is a necessary and fundamental aspect of medical training. However, at the same time, let us not forget that medicine without the humanity is reduced to mere technicalities. The General Medical Council is keen to inculcate attitudes that befit the profession, and a wider, deeper, understanding of people's lives as reflected in poetry, books, articles, and film can only enhance this understanding.

SURINDER SINGH

Department of Primary care and Population Sciences
Royal Free Hospital School of Medicine
Rowland Hill Street
London NW3 2PF

References

1. MacNaughton RJ. Medicine and the arts: Let's not forget the medicine. *Br J Gen Pract* 1998; **48:** 952-953.
2. Sweeney B. The place of the humanities in the education of a doctor. *Br J Gen Pract* 1998; **48:** 998-1002.
3. Brodwin P. Symptoms and social performance: The case of Diane Redon. In: Good M, Brodwin P, Good B (eds). *Pain as human experience.* California, USA: University of California Press, 1994.
4. Singh S. Around every tumour there's a person. [Personal View.] *BMJ* 1998; **316:** 560-561.

Primary care research and development (R & D)

Sir,
We read with interest the three editorials concerning primary care R&D in the January edition of the *BJGP*.

We are concerned that, while the editorials quite rightly discuss the strategy, national importance, and development of primary care research, no mention is made of primary care development or dissemination.

Research is of little value to the general practitioner on the 'Clapham omnibus' unless it can be put into normal clinical practice and therefore improve clinician behaviour. The skills associated with developing and disseminating research findings are quite different from those that are required to undertake the original research. These skills are often undervalued by grant givers, medical schools, and research institutions.

We are concerned that the current direction of the R&D strategy is dominated by academic departments of general practice, which are under pressure from their host medical schools to 'perform' by measuring their activity through research articles published and, more importantly, grants received for research. Thus the general direction of R&D is towards research and not to the development and implementation of that research. One example is the recent guidance from the Department of Health about section 36 funding: this is the guidance that allows health authorities to develop new 'item of service' payments, funded by HCHS funds. This guidance is the most important piece of development that the NHS has seen since the 1990 contract. However, the editorials make no mention of this, presumably because it is perceived to be 'contractual' rather than pure 'academia'.

While such a division continues between research and development, research will continue to be seen by the majority of GPs as an isolated activity of little relevance to normal practice, and of even less use to their patients.

We would encourage those responsible for developing the strategy and direction of primary care R&D not to omit the development issues; research and development are two side of the same coin, one cannot have the one without the other. If high calibre people are to be attracted to the field of developmental work, a proper career structure parallel to that of the GP academic needs to be constructed by the institutions and those who accredit institutions.

A COHEN
A TYLEE

RCGP Unit for Mental Health Education in Primary Care
The Institute of Psychiatry
De Crespigny Park
Denmark Hill
London SE1 8AF

Nurse detection and management of depression in primary care

Sir,
Mann *et al*[1] and the editors of the *Journal* are to be applauded for reporting and publishing important findings in the challenging field of mental health (January *Journal*).

The authors' conclusion appears to imply that participation in a study on depression was sufficiently influential on individual practitioner attitude and clinical behaviour