

This is not intended to be a slating of the medical professions, because they are no worse, and in most cases far better, than most other public service providers. But the guys who really get it right are the supermarkets, DIY multiples, and banks. Does anyone see a pattern here: 11.7 million disabled customers; estimated annual spending power £20 billion?

For me the important challenge is not just making things accessible but making them accessible in a way that does not spoil the environment around them for people without an impairment. The alterations should not be noticeable; in other words we should all be able to take access for granted and not realise that a particular service or design feature is addressing a particular access issue.

Talk of access and most people immediately think of people in wheelchairs. However over 11 million people in this country have some form of disability, and only around 5% of these use wheelchairs. Actually, access is for all of us. As we get longer in the tooth, we change, we have to hold the newspaper at arm's length to read it, we can no longer bound up three flights of steps, and we need somewhere to sit and catch our breath when walking the length of a long corridor.

The notice that's easy to read, the handrail on the stairs, the seat halfway along the corridor, may have happened by accident but more than likely were part of planned improvements to access, but hopefully ones that do not have to be seen as in any way 'special'. The fact remains that people will return to places or services that are 'easy' for them to use.

I am sure no primary care professional is deliberately making their service inaccessible (although in the 'no win, no fee' society I am sure one or two will find to their cost that they are breaking the law). My plea is to have a look around your surgery and if you cannot see at least three things you could do to improve access then you almost certainly need some professional help. You might even find that automatic front door useful yourself when you struggle back from visits laden with a black bag, five sets of notes and Mrs Jones's unused hoard of lactulose.

**Martyn Weller**

### Vignette 2

One day a businessman came to see me. I had not met him before. He wanted me to destroy some notes. He and his wife had experienced infertility. His notes showed he had a low sperm count. After some time, his wife had undergone artificial insemination and got pregnant. He now had a daughter of about 6 or 8 years old.

He loved his daughter more than he could say. He wanted me to destroy any evidence that he was not her father.

At this time I had not had any particular training in medical ethics and the law, and was not sure what to do.

His concern was that his daughter should never learn that he was not her 'real' parent. It seemed likely that he had not got over his infertility. Loving his daughter more and more seemed to make it worse.

We did not have any counsellors then, so he got me in what was probably a '10-minute' consultation.' This is in quotation marks as we added 'fit-ins' on top of the 10-minute scheduled bookings as they came.

I told him what I felt about his unresolved grief.

He still wanted the records destroyed.

I told him what was usual to say at the time, that the records were the property of the Secretary of State. In any case, what if there were some genetic problem in the future? His daughter might need to have these records available to her.

He went away. I think he still wanted the records destroyed.

I did not see him again.

**Leone Ridsdale**