

after discussion with colleagues; the conclusion being Friday afternoons would be the period for low-threshold prescribing. Reasons behind this include the fact that patients seen on Fridays have the weekend to potentially become even more unwell;<sup>3</sup> making it appropriate to prescribe before the weekend. There is also the idea that some physicians prescribe on Fridays so their patients will not make use of other doctors or walk-in centres over the weekend.<sup>4</sup>

Another reason given interested me greatly: would doctors give less thought and prescribe more simply because it was Friday? After all, not giving antibiotics involves a greater investment of physician time.<sup>5</sup> The temptation is there: even as a pre-registration house officer, I have felt frustration when patients arrive late at the end of a week. Would this and the fact that it's Friday affect our prescribing?

During my time at Selsdon Park Medical Practice (a five-partner surgery in South London) Egton Medical Information Systems (EMIS) searches that were performed achieved numbers of patients seen per day, then detected how many of these were prescribed antibiotics.

From 4 January–24 April 2004, the practice saw 12 144 patients with 20 342 total entries. Thus, on average, a patient has 1.675 complaints. Antibiotic prescriptions totalled 1533. Averaged results for prescribing rates of each day are:

Day	Mean (%)	<i>n</i>	SD (%)
Mon	15.06	15	2.65
Tue	10.84	16	3.29
Wed	12.52	16	2.63
Thu	10.98	16	2.86
Fri	12.31	15	1.95

Total mean for all days of the week: 12.0%; ANOVA between groups: *P*-value 0.0003 (<0.001).

Of note, is that Friday results show no difference compared with those from Tuesdays, Wednesdays, or Thursdays. Analysing the variance between average rates for individual days over this period shows a significant difference (*P* = 0.0003) between each group of averaged days, with Monday being significantly higher.

An explanation for this is perhaps that patients have brewed illnesses over the weekend — due to the comparative decrease in doctors over this time, plus the concept of 'waiting to see how I feel', resulting in a potential worsening of symptoms.

The interest lies in the fact that Friday prescribing rates are no different to the remaining days of the week. Does that mean we do not let 'Friday afternoon moods' affect us, even though we are aware of them?

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### RCGP's position on the Assisted Dying Bill

I was rather taken aback to be asked why the RCGP had dropped its opposition to the Assisted Dying Bill, and had to admit that I didn't even realise this decision had been taken, let alone why. Were members consulted? I certainly wasn't, and don't recall any discussion of the issue in the *BJGP*.

Scanning the internet revealed much interesting correspondence, including an excellent submission by the National Council for Hospice and Specialist Palliative Care Services,<sup>1</sup> which I would recommend to anyone with an interest in the debate.

The RCGP's press release<sup>2</sup> — intended to 'clarify the RCGP's position' explains that a neutral position should not be interpreted as support for the Bill. I would argue that if you are not

against it, you therefore must be for it. What if the College suddenly decided to take a neutral stance on smoking in public places? No longer being against it, you would by default now be for it.

The press release also suggests that it is not the College's role to 'support or oppose' the Bill: 'This decision is a matter for society as a whole and its law makers.' If that is the view of the College on a very serious ethical (not to mention practical) dilemma for its members, it certainly has no business getting involved in a public health issue, such as smoking in public, which has no direct bearing on its members' working lives.

I believe it is precisely the role of the College to take up a strong position on this matter and advise the government accordingly. Failure to do so is a shocking act of moral cowardice and an abject betrayal of its members.

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### Editor's note

Following discussion at the meeting of UK Council on 13 November, it's clear that this is a matter of individual conscience, however, after thorough audit of the draft Bill the RCGP confirmed that it has NOT changed its position of deliberate neutrality. This matter will be further debated at the February Council Meeting.

### Flexibility for special clinical and non-clinical interests

We need flexible training and career development schemes in order to be flexible in our work. It's better to get people into the right job, balancing their careers with other aspects of their lives