

# Letters

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## An unfortunate man

With reference to Dr Baker's Mackenzie lecture,<sup>1</sup> I sometimes think that we are in danger of forgetting that John Berger, the author of *A Fortunate Man* is, among his many other intellectual pursuits, a novelist.<sup>2</sup>

His description of the work of Dr John Sassall was an interpretation of someone else's life experience in the distinctive style of the author. Berger has remarked himself that:

*'Some say of my writing that it is too overburdened with metaphor and simile: that nothing is ever what it is but is always like something else'.<sup>3</sup>*

The images and feelings portrayed by Berger are stories conveying his particular vision of being a country doctor. As doctors, we feel a resonance with the humanity displayed in the book, but are perhaps seduced into wishing to emulate the lifestyle by the beautiful obliquity of the language and a yearning for an ideal doctor-patient relationship involving mutual respect, empathy and development.

As well as being longitudinal (a rare luxury these days), Dr Sassall's relationship with his patients was interwoven (even rarer). It is, and was, a hard act to sustain and is perhaps reflected in the tragic irony of the book's title in view of Dr Sassall's suicide several years after publication.

### Colin R Cuthbert

General Practitioner

Barnard Castle Surgery, Barnard Castle, County Durham, DL12 8HT.

E-mail: [Colin.Cuthbert@gp-a83046.nhs.uk](mailto:Colin.Cuthbert@gp-a83046.nhs.uk)

### REFERENCE

1. Baker R. The clinical observer — on the up or over the hill? *Br J Gen Pract* 2005; 55: 468–471.

2. Berger J. *A fortunate man: the story of a country doctor*. London: RCGP, 2005.

3. Berger J. G. New York: Panthenon, 1980.

## Domestic violence in the Bengali community

We report the results of a study to investigate the context of domestic violence towards women in the Bengali Community of East London through the perspectives of healthcare workers.

Domestic violence is a universal phenomenon affecting all cultures.<sup>1</sup> A key to its understanding is the cultural context within which it is manifested; research in this area is sparse although it has been explored in Bangladesh.<sup>2</sup> It is common, with 41% of women attending general practice having 'ever experienced physical violence'. While screening may not be justified,<sup>3</sup> women expect healthcare workers to ask about and support them.<sup>4</sup>

This was a qualitative study using semi-structured interviews, approved by ELCHA ethics committee. The setting was The Bromley by Bow Centre in East London. There were 11 subjects including healthcare workers, GPs and health visitors. The results revealed themes including:

### CAUSE OF ABUSE

Acculturation and cross-community marriages in Bangladesh and the UK could create tension that could precipitate violence, as could in-laws cohabiting with couples.

### TYPES OF ABUSE

These were thought to include exploitation of lack of education of immigrant women and girls, physical beatings, financial deprivation and social isolation. The

community's slander of a 'bad wife' could be used as psychological abuse.

### SECURITY

Perpetrator families were thought to keep abuse hidden as did the victim. In seeking help, the victim was thought to be fearful of retaliation and inhibited by the constant presence of her in-laws.

*'... she told the GP that she fell from the chair ... it was too difficult for her to [tell] because one of her family was interpreting for her ...'*

### LACK OF SUPPORT

Wives who leave their own support structure behind can become isolated and their new family may not support her. The community was thought to be unsupported in dealing with domestic violence and the police and social services were thought unhelpful.

### ENDING THE ABUSE

The consensus was that professionals thought that women wanted to remain in the family (where this was safe) and enabling this was the ideal.

The conclusions are that this study found that domestic violence within this community, although reflected in other cultures, was also affected by the interface of their own host and native culture. The context can create a culture of secrecy and lack of support, which does not help the victims of domestic violence. The views are 'secondhand' via the health professional and may reflect their preconceptions, but they give an insight, perhaps, into some of the issues surrounding this sensitive subject.

### Charlotte O'Doherty

Senior House Officer in Accident and Emergency, Lister Hospital, Stevenage,