Letters

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Genuine asylum?

Is it coincidence that you happen to have two interesting but not surprisingly related articles in the January 2006 issue of The Back Pages — Vernon and Feldman[1] on health care of asylum seekers and Jennifer Marsden[2] on a comparison of health care provided on either side of the Atlantic?

Both papers touch on the same theme of the response and duty of government. The primary responsibility of a government is to protect its citizens and care for them.

Marsden acknowledges a capitalist system that fails to provide a safety net in health care for the many millions of Americans who are, therefore, effectively disenfranchised in the health system of that country.

Vernon and Feldman describe the plight of failed asylum seekers vis-à-vis medical care in the UK. While this is a matter of concern, one needs to look at it from the perspective of the duty of government to care for all its citizens, that is, those who have a right of abode in the UK.

One of the problems facing the authorities is the difficulty of establishing the bona fides of asylum seekers and so distinguishing them from those who seek to enter and stay in the country for other than genuine humanitarian reasons. While there is, no doubt, an overwhelming obligation on the part of any government to provide succour to those in need, the definition of 'need' is now a matter not only of debate but also of concern. The large numbers of people entering the country illegally and who disappear should concern us all. Additionally, it cannot be right for the UK to provide comprehensive health care for people who have failed the tests of asylum.

If the authorities claim that channels for appeal have been exhausted and that there is no right to reside in the UK, then it is imperative that the person concerned is speedily, but humanely, returned to his/her land of residence or port of embarkation to the UK. Until such time that this happens such a person should be able to access all the facilities of the NHS as a citizen of the UK is entitled to. It should not be left for the NHS to implement the law.

This would help, at least partially, to address the increasing disquiet felt and expressed by patients of the difficulties of obtaining their own treatments.

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Competing Interests
None.

REFERENCES

1. Vernon G, Feldman R. Government proposes to end free health care for 'failed asylum seekers'. *Br J Gen Pract* 2006; **56**: 59.
2. Marsden JS. An insider's view of the American and UK medical systems. *Br J Gen Pract* 2006; **56**: 60–62.

Comparing GP and nurse practitioner consultations

Seale *et al*[1] have provided a much-needed comparative analysis of the different communication patterns used by GPs and nurse practitioners in their consultations with general practice patients. Their findings, namely that nurse practitioners conduct longer consultations with increased dialogue by both patient and nurse practitioners alike has resonance with previous consultation research regarding variant communication styles among doctors and nurses[2].

However, while acknowledging that a longer consultation time may have a short-term adverse economic effect, it must also be noted that high levels of patient satisfaction with medical consultations have been consistently associated with higher levels of patient adherence and subsequent quicker recovery from illness or injury, with all of its associated social, psychological and long-term economic benefits.[3,4] In this context, a focus on patient satisfaction in the management of 'same day' patients, as exemplified by the observed nurse practitioner consultations, would appear to be a prudent economic choice.

A further point of interest is the nurse practitioners' emphases on 'social/emotional/patient-centred' talk in their consultations. This feature of patient-centred talk is an iterative finding of research regarding the nurse practitioner consultation, which has previously been identified both in my own research[5] and also in the work of Johnson.[6] In a landmark study of doctor–patient interactions, Mishler[7] warns of the dangers of neglecting patients' perspectives in consultations, noting that patients accentuate the 'voice of the lifeworld', reflecting the subjectivities of everyday life, while in response doctors tend to emphasise the 'voice of medicine' as seen in their usage of objective scientific analyses in consultations. Mishler contends that this disparity of focus between doctors and patients in consultations results in ineffective medical care, as patients feel that their concerns are not being met, which has a subsequent detrimental effect on patient satisfaction, which in turn adversely affects patients' compliance with suggested medical treatments. In this sense it would appear that the nurse practitioners in Seale *et al*'s study were responding in an appropriate contextual