

Letters

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Values-based care

I welcome the discussion paper on values as a useful contribution to enhancing clinical practice.¹ We have developed a training programme for healthcare professionals that has been used in primary care, undergraduate and postgraduate training.² The workshop type programme identifies common personal values and discusses ways of integrating them into practice. Our experience is that by reflecting and sharing our deeper values of compassion, peacefulness, respect, patience, and integrity it builds self-esteem and enthusiasm with a sense of purpose. It boosts morale in a team and leads to better cooperation. It is also useful in setting common professional standards and a vision for primary care groups.

The focus is on the practitioner's wellbeing as their health is essential in providing good patient care. The approach is to develop listening skills and reflection in an appreciative supportive group that encourages open and honest discussion. Visualisation and meditation allows for these skills to go deeper, and the programme is fun and creative.

The training pack, which was launched in September 2004, has now been translated into four languages and is being used in a broad range of health settings. Values are central to everything we do and should be an integral part of all undergraduate and postgraduate training.

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Vocational training to be spent in general practice with GPs

Roger Tisi¹ writes that funding had not been obtained in vocational training to support 18 months of practice-based training, and that he was asked to re-design his scheme to include 2 years in hospital posts.

This is a serious and pitiable situation with some similarities to that in Italy, where 18 months in practice-based training has not been scheduled yet, as it is difficult enough to find funds for 12 month periods.

The situation is wrong from a professional development point of view, and in contrast with the European indications themselves.

This situation indicates, in the UK as well as in Italy, a political dilemma: how high is the credibility and consideration for general practice?

In no other speciality are periods of training shifted or mainly based in other sectors: it would be nonsense. A GP will not specialise by spending more time in an ophthalmology department, just as ophthalmologists would not specialise by spending more time in orthopaedic departments.

Roger Tisi is facing a 'frankly bewildering proposal that doctors specialising in general practice will receive the vast majority of their education and training delivered by

colleagues in other specialities'. This is a 'frankly bewildering' and in contrast with the European Directives, WONCA European Definition and the EURACT Educational Agenda, where a clear specialist status and a clearly detailed curriculum for teaching in general practice is described. No other specialists would be able to teach the specificities of general practice.

However, I would argue that other specialists should be obliged to spend time in practices to learn something about general practice's specificities and keep them in mind during their professional life.

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Medicalising domestic violence

Author's response

The trivialising, media version of posttraumatic stress disorder (PTSD), where everyday life events are described as 'traumatic', fails to appreciate the precise nature of trauma causing PTSD. Such trauma involves 'actual or threatened death or serious injury, or a threat to the physical integrity of self or others' AND 'intense fear, helplessness or horror'.¹ There is an implicit suggestion by Dr Fitzpatrick that domestic violence is an everyday, minor life event, similar to receiving bad news.² Police statistics maintain that domestic