

normal? Pink and well perfused? Glasgow Coma Scale 15?' In a word, we practise triage, constantly.

That is why we practise CPR. Forget the QOF.

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DOI: 10.3399/bjgp10X483210

Salaried doctors

As a former senior partner of 20 years and a salaried doctor of 4 years, the conclusions of this rather interesting piece of research are no surprise. We are left with the overall impression of smug partners and embittered salaried GPs. My sympathies tend to be with the latter.

I know that my following plea is likely to fall on deaf ears, but I think it is worth making nevertheless. That is for those partners who are perhaps half a decade, or even a decade, away from retirement to make the brave step of changing directions. Perhaps it is time to voluntarily step down to a salaried position? Why not act as a grandparent to our younger colleagues? You know what I mean. To be happy to hold the baby while your sons/daughters are out shopping, but to be even happier handing him/her back at the end of the day for them to go through those sleepless nights. We are still there for advice, and are still going to be paid more than the vast majority of people in this country. We still have our savings, our paid-for house, our comfortable living. And now perhaps a chance to expand to do what we always wanted to do — hobbies or another field of medicine. What are you waiting for?

I know this because I did it. I have never regretted for a second that I left my well-established and increasingly successful practice. I enjoy watching it expand and I am pretty sure that I would

have held it back if I had remained. We are still on friendly terms, and perhaps I retain a bit of a feeling that I had some part in its creation ... but it now needs to grow-up. Meanwhile, I am learning and working in other areas of medicine that I never really knew existed, and meeting others in related professions whom I continue to learn from. This would never have happened had I stayed.

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DOI: 10.3399/bjgp10X483229

STIs in general practice

Sacks and Goodburn discuss increasing HIV-testing in general practice.¹ Improved uptake of HIV-testing is important since the Health Protection Agency estimate that 21 000 people are living with undiagnosed HIV in the UK.² Women attending antenatal clinics are already tested for HIV routinely, but little is known about the feasibility of testing male partners. Following ethical review (Wandsworth Research Ethics Committee Reference: 00167.09) we conducted a questionnaire survey to investigate the attitudes of pregnant women to having their partners tested for HIV.

In December 2009, a confidential questionnaire was handed out by a medical student (TS) to consecutive pregnant women attending the antenatal clinic at St. George's Hospital, London.

The response rate was 93% (100/108). The mean age of responders was 30 years (range 20–45 years). Fifty-eight per cent of women described their ethnic group as white, 18% as black, 18% as South Asian, and 6% as other ethnic group. Most women (83%) thought it was a good idea for their partner to have a salivary test to check for HIV, while 82% thought it was a good idea to have a blood test. They identified the main benefits of testing their partners: to ensure

the safety of the mother and baby, and for peace of mind. They saw less benefit if their partner had recently been tested or the mother had already tested negative. The myth that one partner testing negative means that the other does not need to be tested was identified in our earlier study of male partners who cited the same reason for not testing.³

However, many women wanted to know how HIV-testing could help their baby, and appeared to be unaware of effective treatments to prevent transmission of infection. Increased knowledge about HIV has been shown to be associated with increased test uptake by pregnant women.⁴ Sacks and Goodburn suggest little pre-test counselling is needed unless a patient is high-risk,¹ and most pregnant women in our study were happy for their partner to be tested for HIV. However, GPs and other health professionals could have a crucial role in encouraging uptake of HIV-testing by educating patients about the benefits of early diagnosis and treatment of HIV.

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Acknowledgements

We would like to thank the patients and staff at the antenatal clinic at St. George's Hospital, London, SW17.

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