scans. Finally for every 15 treatable tumours that are found, one new cancer will be caused (8/4404 divided by 1/8100). Scan, anyone?

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Managing respiratory tract infections

Last year, as a previously completely fit and healthy GP of 32, I developed a sore throat, cough, and fever. Nothing so unusual about that and being fully aware of the NICE guidelines on prescribing in respiratory tract infections it did not cross my mind to see a doctor or self-medicate with antibiotics.² My Centor score of two would have suggested I would be unlikely to benefit. For me, as I suspect for many GPs of my generation, being a relatively low prescriber of antibiotics was a badge of honour and I knew the chance of serious complications was low.

Within 48 hours I had become increasingly unwell with a high fever despite regular antipyretics. I was vomiting and so weak I could not get out of bed. My sensible (non-medical) husband took me to the out-of-hours GP

and I was admitted. I had a temperature of 41.7°C, pulse of 120, and blood pressure of 80/60. My C-reactive protein was 450 mg/l and I was acidotic. I was diagnosed with pneumonia and treated with intravenous antibiotics. I was separated from my breast-fed baby who was not allowed to see me for 4 days. Blood cultures grew a Group A *streptococcus* and when, a week later, I still had a temperature of 39°C on paracetamol, a CT scan showed an empyema. A chest drain provided some relief but when my temperature remained high and a repeat CT scan showed that the empyema had not resolved I was transferred to a tertiary hospital for a thoracotomy. Complications meant a blood transfusion and an unplanned post-operative ITU admission. My husband was called to the intensive care unit urgently and drove to the hospital thinking he was going to be a widower. I spent a month in hospital and had 3 months off work. I was left with a hoarse voice that required months of speech therapy. It took time for me to rebuild my relationship with my son, when I first came out of hospital he would cry if he was left alone with me.

Would an early course of penicillin have halted the Group A *streptococcus* in its tracks? I have no way of knowing. I do, however, strongly agree with Stanton *et al* that research into identifying patients likely to benefit from antibiotics is an urgent priority. Although rare, complication of respiratory tract infections can be devastating.

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Work, fit notes, and occupational health

Further to the article in October 2010 *BJGP*,¹ on the issue of fit notes, I would just like to point out the fact that it is not just GPs who are involved in the issuing of fit notes for patients. Your article appears to make this assumption. Accepting that GPs do not fully understand the working environment of patients, I do not believe we are the only group of clinicians that this is true of. If we are being true to the guidance sent out by both the Department of Work and Pensions (DWP), which was reiterated when fit notes were brought on line in April last year, supported by the Department of Health Cabinet Office document several years ago which also talked about the issuing of sick notes, that the responsibility of the provision of this document lies with the person who has clinical responsibility. That means a number of our secondary and tertiary care colleagues are responsible for that element of a patient's health that prevents them from attending work. I am, therefore, surprised that this is not mentioned at all, and your article basically says that it is all down to the GP. I don't believe it is and the article does not help in changing the culture that we are in and the ability to implement the DWP guidance.

In Bury we have worked hard to ensure that the appropriate clinicians involved are responsible for provision of the fit note and provide the appropriate documentation, however, it is still a struggle and I believe articles like the one that has been written actually gloss over the fact the other clinicians are involved.

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