despite the number referred remaining very low. The clinics seem to spend a lot of time reviewing children who should be in primary care (stable asthma for example). Here I hope commissioning can make changes.

- The breakdown in health visiting services, the removal of paediatric checks (after 6 weeks) from general practice all seem to have happened without any local decision making. Were our representatives involved in these changes?
- The model for best paediatric care in busy urban areas may be different from those of us in small towns 25 miles away from hospitals. But unless we put our own house in order and provide highly-skilled, prompt, comprehensive primary paediatric care, then it will be another nail in the coffin of 'general practice' if we lose paediatric care as part of our core role.

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DOI: 10.3399/bjgp12X654506

Burnout and empathy in primary care

Thank you for your editorial on 'Burnout and empathy in primary care'.¹ These are crucial, but often neglected, factors in our day-to-day lives as GPs. However, I was surprised that there was no mention of resilience. There is a large body of literature that explores this as a protective characteristic when things get tough. One of the key underlying personal attributes that promotes resilience is a personal faith.² Many faiths also emphasise the need for compassion, and teach that compassion can be renewed through personal, spiritual activity. It seems to me that the potentially disparate characteristics of burnout and empathy can be linked through the medium of faith/spirituality. This is something that we are encouraged to address with patients,³ is it about time that we encouraged its exploration for doctors?

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Communication in the 21st century

As a GPST3 I often visit housebound patients who are unable to come to the surgery. Recently I received a request to visit a 40-year-old woman with a complex history of surgery for diverticular disease in 2010, including a Hartmann's procedure.

My consultation was on an unrelated matter, but during my assessment I asked whether her stoma was functioning well and if there were any plans for reversal, because it seemed from the notes to have been intended as a temporary measure. She was vague about any planned follow-up but said she would be keen to have the reversal. Throughout the consultation I had tried not to be distracted by the Facebook page given pride of place beside the sofa.

When I returned to the surgery it transpired that she had not attended the stoma clinic in 2010 and had then been discharged from follow-up. I arranged for her to be re-entered into the system and phoned her to keep her up to date with developments.

Sitting at home later that evening I couldn't help but ponder the situation. Although my patient was evidently enthusiastic as soon as I brought up the topic of stoma reversal, she hadn't picked up the phone to the surgeons or her GP in 2 years ... if only she could have found us on Facebook!

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DOI: 10.3399/bjgp12X654524

Do English patients want continuity of care, and do they receive it?

Aboulghate and colleagues, in their analysis of GP Patient Survey data, conclude that most people value continuity but that practices need to flexibly balance it against speed of access.¹ Asking patients whether they prefer to see a particular GP invites responses that cannot reflect the complexity of their real decision-making.

We have previously reported a discrete choice experiment study of preferences for access to GPs that showed continuity to be a preference that is context-dependent and of variable importance.² Patients balance continuity of care against convenience of appointment time and speed of access, according to the reason for their consultation. Those with a long-standing illness value seeing the GP of their choice seven times as much as rapid access, while for those consulting with a child, rapid access is important. Overall, the extra time that patients in this study were willing to wait to see the doctor of their choice was less than 1 day.

Patients weigh up continuity of care as one of several attributes of the health care they require on a given occasion. The access we provide should reflect those values and its quality measured in more sophisticated ways.

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DOI: 10.3399/bjgp12X654533

Confirming death in general practice

In 2008 the Academy of Medical Royal Colleges published a code of practice for