DISCUSSION

Dr J. L. Struthers (*Southampton*): Four out of five speakers today have said that we must pay more attention to the whole family, which surely includes the family's background; this means the house they live in and the circumstances they work in. The last speaker is encouraging us to spend less time outside our surgery. How would he reconcile these two ideas?

Dr Logan: The way to reconcile that is having a social worker in your practice. This is a most humiliating thing, when we believe we have known a family for years through our own blinkers, to have a social worker or student go in and visit that family on their own. This is a very humiliating experience, but one who has been more humilitated is Dr Ashworth.

Dr Ashworth: Yes. One of my basic principles is never to do anything myself which I can employ someone else to do for me. The world is composed of two types: those who work and those who find work for others to do. Trying to relegate myself to the second category is all important. Certain it is that we as general practitioners have a much overrated opinion of ourselves as to our knowledge of our patient's private affairs, household worries and environment. I have worked very closely with health visitors and district nurses for ten years, and they have shown me a whole amount of information of which, prior to my working with them, I was ignorant. In the past two years I have tried to reduce my home visits considerably. This can be done. Many doctors like to envisage themselves as martyrs in the cause of their practice. There is no need to be martyrs in the cause of your work. Ask yourselves, before you visit a patient in the home: Why am I carrying out this visit? Is it not possible for this patient to come to see me, or could I not get a health visitor or social worker to go on my behalf? It is not economic of a doctor's time to employ himself in this way.

Dr Logan: May I add to that? I thought I knew a lot about some of my families. We go into the same house and there are the same people, the same cat, the same dog, the same rabbit, and we think we know them. I want home visits but I want them with perception, with diagnostic social skills, which frankly very few of us learn through experience, like so many other things, and many of us do not learn at all. We certainly need home visits, but let them be home visits with a purpose and not just calling with our blinkers on.

Dr Vaughan (*Hornchurch, Essex*): I thought this was a meeting which would have another title. I am rather sad to hear that doctors, for want of perception, are still going on unnecessary visits. I think

we should have it established that the responsibility for going out and making visits is the doctor's responsibility; it is not the health visitor's or the receptionist's. In practice I insist that my receptionist should be able to spot a case that does not need a visit. A person who has a cold does not need visiting; a person who has been seen the previous day and wants a certificate does not need visiting. But I do not like my auxiliaries to make these decisions. They 'phone through to me. Often if a general practitioner takes a 'phone call himself in a doubtful case, he can amicably discuss the matter with the patient over the 'phone and avoid an upset and ill feeling. This is something which we ought to be training our younger general practitioners to do—to talk to these people on the 'phone, and, if the caller is a neighbour or a child, who does not know enough, to refuse to take the call until it is made by someone who is really capable of conveying the information.

Also with regard to visits, a colleague of mine in Chadwell Heath in Essex was told by his receptionist: " Mrs. Smith went out crying. She was terribly upset. Do you mind if I go and see her and have a cup of tea with her? " This she did. Then she invited Mrs. Smith back to her own home. The next week she invited Mrs. Jones and Mrs. Smith; and then Mrs. Jones invited them both to her home. Now there are 16 unhappy, lonely, neurotic people who never go to the doctor. They do good therapy in each other's homes. This is something worth thinking about.

Dr Ashworth: In the kind of health centre in which I work I find that the more people we put between the patient and oneself the more complicated becomes the matter of communication. Each time a message is handed from the patient to a neighbour, to a shopkeeper, to the receptionist, and then to me—at each stage a degree of urgency is added to the call. This is a very real difficulty and it is a price we have to pay if we put people between the patient and ourselves.