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NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

To sign or not to sign

SIR,—I wonder how many of your readers now feel as I do that the time has come for you to add the names of the writers of your leading articles. In a highly specialised profession such as medicine and with a continuing rapid pace of development in knowledge and technology your leading articles are more than ever important as a regular means of updating and refreshment. Signed articles allow an additional perspective to be available in assessing the facts and in balancing the opinions presented.

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**This is the subject of a leading article at p 598.—ED, *BMJ*.

"Curing" minor illness in general practice

SIR,—It has been interesting to read the steady trickle of correspondence on my paper (12 November, p 1267) and I am indeed most grateful to all those who have written to me and to you on this subject. Perhaps one should reflect, however, that a paper concerning itself with the management of somewhere between 25 and 50% of the consultations in general practice should have evoked considerable general-practitioner discussion.

Of great comfort to all our team members was that no correspondent has criticised the therapeutics in our "new" management of minor illness—that is, that there is no curative therapy for the illnesses we were considering, nor is there even any miraculous "symptom reliever" proved beyond doubt to be more effective than the rest. Simplicity and cheapness of medication appeared to be universally acceptable to your readership.

For the most part, too, correspondents (especially Drs M A Gilbert and W F Wallace (10 December, p 1540) and Dr R Moody (21 January, p 177)) appeared to support our tenet that there is a great need for doctors to encourage patients' self-reliance when dealing with minor illness. I share Dr M C Platten's anguish (21 January, p 177) over the child of the family that would not bother their doctor as it became patently more and more ill and then died. Like he did, this practice provides *partner* availability 24 hours every day for telephone consultation and visit—but our hope is that by controlling the volume of truly minor illness and by educating parents in the difference between minor and major symptoms we shall have fewer such tragedies in the future.

The timing and type of health education have been questioned (Drs Moody and Wallace) and obviously this must vary from patient to patient and doctor to doctor. Nevertheless, I do not agree that the infrequent consulter with a minor illness must necessarily feel "rejected" if he receives a "bonus" of health education at his consultation.

Dr P Catlin (3 December, p 1482) senses confusion in our aims, and no doubt with some justification. Suffice to say that in our fairly sophisticated team setting we are attempting to provide care at the level at which it is most appropriate. Hence health visitors teaching mothers self-care of their children and nurses dealing in a simple way with minor illness and in a preordained way with recurrences of more serious illness would appear to us to be reasonably logical steps. As a result of this the doctors in this team now co-operate and collaborate clinically with the nurses in such care. The thought of *administering* them doesn't ever cross our minds. The end result seems to be that we doctors have more time to spend on the more seriously ill patients, and also, of course, have allowed our list size to rise to almost 3500 patients per doctor without undue personal strain.[1]

If we are to help the patients to be independent of us (Dr Wallace) surely we have to emphasise the value of the symptoms in deciding whether their illness is merely minor or not—it is all they have to go on—and minimise the value of the physical examination when the symptoms sound pretty innocuous.

The statistics on the savings that might accrue nationally have been criticised (Dr I G Mowat (10 December, p 1540) and Drs J E Backhouse and A Inwald (17 December, pp 1605 and 1606)). To Dr Mowat, who uses an analysis of one morning surgery as evidence of his own exemplary practice and who is tired of university professors and his own colleagues "telling him what to do," I can merely say that many millions of pounds of NHS money have been spent on prescribed cough medicines and linctuses in recent years and certainly some of my correspondents have candidly identified themselves with our previous practices and are hoping to improve. Dr Backhouse points out that multiplying by 20 000 was inaccurate in that our list size is well above average, and he is, of course, correct. Maybe the saving lies somewhere between £10m (our figure) and £2·5m (his)—either sum would build a very large number of superb group practice centres or health centres. Dr Inwald suggests the replacement of Dr E was a major factor in effecting our reductions, and in agreeing I can, however, enter the caveat that knowing and having corresponded with the previous Dr E I have no doubt whatever that he too would have co-operated in our campaign had he still been with us.

One final point has been made by several of my colleagues. Has the time not arrived for the Department of Health and Social Security to state more emphatically—perhaps by way of waiting-room posters, leaflets, television "advertising," and the like—that the financial survival of the NHS probably depends to quite a large extent upon patients implementing self-care for minor illness? Would it not be possible for the Department to co-operate with, say, the Health Education Council to get this message across?

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[1] Marsh, G N, and Kaim-Caudle, P R, *Team Care in General Practice*. London, Croom Helm, 1976.