

## INDIVIDUAL STUDY

# Cervical screening—Refusal in general practice

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CERVICAL screening has been studied (Cervical screening, 1969; Spenser, 1967) in detail, particularly the medical problems of diagnosis and treatment, and the differing acceptance by social groups. It is not yet known, however, why women do not request a cervical smear, or when offered one why they do not have it (Wakefield, 1965; Kegeles 1967; Houghton, 1968).

### Method

In a group practice covering all socio-economic groups and using a computer register, an investigation of 35 to 39-year old women was carried out (Hodes, 1968a). The total number on the computer register in this age group was 430. Letters were sent to all these patients inviting them to attend for a cervical smear (Hodes, 1968b). As a result of this first letter 188 women had a cervical smear. After 12 months a second letter was sent to the remaining patients, after which 54 women had a cervical smear.

The records of the remaining 188 patients were then examined, and it was found that 26 patients had had a cervical smear before the letters were sent. Seven patients had a cervical smear at the family planning clinic, and three had had one at a hospital. Of the remainder, 16 had had a hysterectomy; four had a psychiatric history; five were unmarried; three had changed their name and therefore the record was inaccurate, and 25 patients had left the area.

This left a balance of 99 patients who had not had a cervical smear in response to either of the letters, had not had a cervical smear elsewhere, and there was nothing in their medical history to suggest that they should not be approached (figure 1).

Total number on register	.. ..					430
Number on register who had cervical smear:						
Had smear after first letter	.. ..	188				
Had smear after second letter	.. ..	54				
Had smear before letter sent	.. ..	26				
Had smear at family planning clinic	.. ..	7				
Had smear at hospital	.. ..	3				
				278	(65%)	
Hysterectomy	.. ..	16				
Psychiatric history	.. ..	4				
Unmarried	.. ..	5				
Changed name (no cervical smear)	.. ..	3				
Left area	.. ..	25	5.8%	53	(12%)	331
Number visited by health visitor	.. ..					99 (23%)

Figure 1  
Response by patients to two letters

### Health visitors' role

The approach was then discussed with the three practice health visitors. A questionnaire (figure 2) was designed after a small pilot study for use by the health visitors when visiting these 99 patients.

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Address \_\_\_\_\_ D/Birth

Did you receive the first letter? .. .. . YES/NO

Did you receive the second letter? .. .. . YES/NO

Have you had a cervical smear? .. .. . YES/NO

Would you like to have a cervical smear? .. .. . YES/NO

Home cervical smear requested .. .. . YES/NO

Husband's occupation: \_\_\_\_\_ S.E.G.

Woman's occupation: \_\_\_\_\_ S.E.G.

Number of pregnancies .. .. .

If refusing, reason is (tick if applicable):

	<i>Last time</i>	<i>This time</i>
(1) "Can't manage time" .....	<input type="checkbox"/>	<input type="checkbox"/>
(2) Blank refusal .....	<input type="checkbox"/>	<input type="checkbox"/>
(3) Husband objects .....	<input type="checkbox"/>	<input type="checkbox"/>
(4) Children .....	<input type="checkbox"/>	<input type="checkbox"/>
(5) Work .....	<input type="checkbox"/>	<input type="checkbox"/>
(6) Not at address .....	<input type="checkbox"/>	<input type="checkbox"/>
(7) Fear of having smear .....	<input type="checkbox"/>	<input type="checkbox"/>
(8) Fear of cancer .....	<input type="checkbox"/>	<input type="checkbox"/>
(9) Woman doctor only .....	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Figure 2  
The questionnaire

After a minimum of two visits in each case the patient was considered 'unavailable.' When more than one visit was necessary, evening visits were included in an attempt to find the patient at home.

**Results**

The health visitors found that ten patients had left the area, seven were unobtainable, six were unmarried and one could not remember if she had received any letters. An analysis of the questionnaire is shown in figure 3.

**Discussion**

In this group of women 65 per cent had a cervical smear, but this includes patients who had this test carried out at an earlier date and some not by a general practitioner.

	YES	NO
Did you receive first letter? .. .. .	53	26
Did you receive second letter? .. .. .	35	44
Have you had a cervical smear? .. .. .	29	50
Would you like to have a cervical smear? .. .. .	33	18
Home cervical smear requested .. .. .	0	
If refusing—reason is:		
“ Can’t manage time ” .. .. .	9	
Blank refusal .. .. .	8	
Fear of having smear and fear of cancer .. .. .	8	
Unmarried .. .. .	6	
Husband objects .. .. .	1	
Awaiting hysterectomy .. .. .	1	
Fear of smear but might come if woman doctor .. .. .	1	
Fear of cancer but might change her mind .. .. .	1	
Fear of having smear .. .. .	1	
Fear of having smear and cancer, but potential candidate .. .. .	1	
Might come .. .. .	1	

Figure 3  
Analysis of health visitor questionnaire

Thirty-six questionnaires returned had no entry for the socio-economic group, because patients had left the area, were not interviewed, or questionnaires were not completed at the interview. An analysis of the remainder is shown in figure 4.

	<i>Socio-economic group</i>				
	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	<i>V</i>
Already had cervical smear .. .. .	0	4	7	2	4
Have not had smear because:					
(1) Will make appointment .. .. .			12 (1)	3 (2)	9 (1)
(2) Will make appointment at health centre .. .. .				1	
(3) Have smear if woman doctor .. .. .				1 (1)	
(4) Pregnant .. .. .			1 (1)		
(5) Can’t manage time .. .. .			1		
(6) Fear of cancer .. .. .		1 (1)	2	1	1
(7) Fear of smear .. .. .			4 (1)	2	2
(8) Blank refusal .. .. .		1	1	1	1

Number in brackets indicates patients who have had a cervical smear since visit by health visitor

Figure 4  
Analysis by socio-economic group

A significant number (five per cent) had conditions (such as hysterectomy and a psychiatric history) which were known to the general practitioner and indicate why any approach to a patient is best made by her own doctor. If this is not possible, then the general practitioner’s co-operation is important.

Information about marriage, and change of name was incorrect in two per cent

and enquiries showed that six per cent had left the area. More demographic information is required by general practitioners and this information must be collected regularly and entered in the records. The use of computers by executive councils for such information may be indicated.

The questionnaire was readily accepted by the health visitors but required considerable time because of home visits. It was found that the records were incorrect—in this group two per cent had left the area and seven per cent had already had a cervical smear which was not recorded. Some patients stated they would like to have a cervical smear 33 (eight per cent) but only eight made appointments later and all offers of a cervical smear test at home were rejected. Refusal of a cervical smear test appears to be largely due to fear and those who “can’t manage time” or “blank refusals” probably have a fear of having the smear and a fear of cancer. Health education methods must be developed for use by health visitors working in the community.

### Summary

430 women aged 35–39 years in a group practice, were invited by letter to attend for a cervical smear test. Those not attending were visited at home by a practice health visitor who noted their reasons for refusing the invitation. Some ways of improving the response to cervical screening are discussed.

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### Weighing Machine Survey in General Practice

The practice organisation sub-committee of the East Scotland Faculty of the Royal College of General Practitioners has carried out a survey of weighing machines used in general practice. Information was obtained from 190 doctors in the area.

The lever machines were found to be the most satisfactory and one platform machine by Whites of Auchtermuchty cost £43 and weighed to within an ounce on testing. It was felt that the spring machines were much cheaper and if checked regularly and renewed often were adequate for general practice.

The Faculty reports that the appropriate City and Council Weights and Measures Department “generally are willing to check scales in doctors’ consulting rooms free of charge”.

*South East Scotland Faculty Newsletter* (1972). **1**, 8–11.