

## II

### LECTURE DISCUSSIONS TO PATIENTS

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A positive attitude to health education in general practice is an ideal towards which most family doctors would aspire, consciously or unconsciously. Preventive medicine has always been and will always be the particular province of the general practitioner, and of prime importance in disease prevention is health education. Much health teaching is done during the routine consultation or visit by the family doctor, and the public health departments of the local authority also play a part via the welfare clinics, health visitor and the other staff of the medical officer of health. In this partnership of three, it was felt that even more could be done in the way of health education apart from that already being undertaken every day. One of the partners is a subscriber to the Central Council for Health Education, and so we already were provided with much information and supplies of posters to place in the waiting rooms, but this is essentially a passive approach without the attack of active instruction of patients. It was therefore decided to hold a series of lecture discussions on one evening a week in the winter months in the waiting room of one of the partners, the lectures being available to only the patients of the partnership. A series of subjects were drawn up, each partner to lecture on two occasions and the subjects to be chosen by the lecturer. The programme turned out as follows:

1. Tonics, fact and fancy.
2. The feverish child.
3. Food and where it comes from.
4. How infection spreads.
5. Common sense clothing.
6. Food and where it goes to.

Having decided on our programme, we consulted the Ethical Committee of the British Medical Association to ascertain their views on waiting room discussions. We were advised that there was no objection to our holding the series of discussions providing that we informed all neighbouring general practitioners of our intentions; sought their comments and approval and referred serious objections back to the chairman of the Central Ethical Committee for advice. We had also to ensure that great care was taken that only our own patients attended.

Our colleagues in general practice were consulted and far from

there being any objections, we were helped by their helpful comments and good wishes. To ensure that only our own patients attended the lectures, we made production of the medical card a condition of admission. We did not know what the response would be from the practice and were prepared for a discussion between the three of us. As it was, the numbers increased as the series went on, there being 12 on the first occasion and 34 during the later lectures. The gratifying feature of the series was the diversity and quality of the questions asked. We had felt that we would be faced with blank features and empty minds when question time came, but the lecturers found the questions thoughtful and penetrating and often difficult to answer.

The success of the experiment cannot be measured in mathematical terms, but it has been noticeable on several occasions that information imparted has borne fruit and that a temperature has been taken and a visit saved, whereas formerly a panic call would have resulted.

It is appreciated that not all, perhaps not many, doctors would consider that this experiment was useful or even advisable. Many arguments can be produced against holding this type of lecture. It can be said that we were focussing attention on disease and producing hypochondriasis rather than imparting health knowledge. It can also be said that one "preaches to the converted", rather than educating those who most need it, since only those of sufficient education and intelligence would bother to come. Then again, the ethical aspects of holding the lectures might bother some practitioners.

All one can say is that these fears proved unfounded in this instance. Certainly of those who attended less not more attendances at surgery have resulted, and "tonic" has become a naughty word! We did not see the same patients each time at the lectures and they seemed to attend only those lectures which stimulated their interest rather than come to each and every one. The ethical problem seemed more theoretical than actual with the safeguards employed.

In conclusion we are enthusiastic about the venture and further lectures will be held this winter, perhaps with lecturers from outside the practice.

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