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Objectives

When preparing this article we started with a list of the objectives devised by the advisers to the MSD Foundation (all working general practitioners). Obvoids two articles alone cannot achieve the objectives, nor will every general practitioner agree with them; nevertheless, we print them here convinced that they will be useful to all trainees in general practice.

Attitudes—Trainees shall regard asthma as a formidable clinical problem in general practice, worthy of intensive study and continued

Skili-Trainees shall demonstrate their ability to

- Multi-Trainers shall demonstrate their ability to:

 1.2. Use a peak flow meter in general postuce on home waits.

 2. Use a dagnostic index in their own practices to identify, and
 mantam a last of all parients known to have authina for whom they are
 responsible.

 1.9. Assess the symfisance of peak flow readings in relation to the
 normal for a child of any general gets, on height,
 attacking the symfishing and particles of the state of the system in their practices for all
 atthments, including intensifying and taking section about those who
 fall to attend appointments.

asthmatic teenager. However, asthma can also arise spontaneously in teenagers and in middle aged people. While the needs of all these patients differ in detail, the am of management is the sum for them and the return of the wherea personnel. Recurrent asthma may otherwise result exentually in Chronic non-receivable obstructive lung disease with deteriorating lung function; it may also result in death. There are still 1900 deaths a year on England and Wales from asthma-

WHEEY ISSAST

John a seven months old, and you are asked to see him in his home during his first attack of wheering which has followed a minor upper respiratory tract infection. He has no pyrexia, and is not cyanosed. As you stand lowing a him, you consider the possibility that he has ashma—but what other diagnosis should pass through your mind? By our definition this oldi certainly has ashma, but with the solid certainly has ashma, but with the solid certainly has ashma due to edematous bronchal walls and copous micros secretion. John is likely to wheere on their occasions in the future. Other cause of that wheele must be considered, however. We can usefully divide them mine acute and chronic and the solid certainly make children febrile. Broncholitis, which is usually due to a virus, often makes mail children seriously ill and requires admission to hospital. It rends to occur in the spring and autumn, often in epidemic form. Another acute cause to think about is maked foreign bodies. Laily the same continuation of the same properties of the continuation of the same properties. The continuation of the first priority, and while oral drugs such as beta-denotes the distribution of the continuation of the first priority, and while oral drugs such as beta-denotes stimulations are helpful, and they allow the parents to take an active part in their children they will probably not helpful and they allow the parents to take an active part in their children they will protect the children of home of the continuation are helpful, and they allow mow the percents to take an active part in their children they will protect the mine and the pound may well be precipitated by viral infections and is rarely.

treatment.

Antibiotics should not be prescribed routinely because asthma in the young may well be precipitated by viral infections and is rarely associated with bacterial disease. Of course they should be given whenever there is an indication for them: the ears, throat, and chest

. Recall the prevalence of asthma in a typical British practice

Constitution of the control of the c

- (6) Be able to distinguish intermittent from permanent airways obstruction.

 (7) Kongermand her effects of the disease on the family.

 (8) Kongermand the effects of the disease on the family.

 (9) Understand the possible effects of the disease on the child's school performance and leasure activates.

 (10) Late other causes of wheenex—for example, cysts: Bloosity, and a superformance and the child of a sungle disease providing continuing management.

 (11) Late other causes of wheenex—for example, cysts: Bloosity, and the control of the contr

may be sites of infection. If you need to give an antibiotic, penicilin is preferable to broad-spectrum antibiotics.

Two important parts of the treatment are talking to the parents and deciding how to follow up the chall.

The preferable and the preferable and the control of the preferable and the failure by a small child to respond to advantage and fatigue are dangerous sign. Also important are the willingness or ability of relatives to copie a child is sometimes better out of the advantage and the failure by a small child to respond to advantage or an array to the preferable and the failure by a small child to respond to advantage or an array of the preferable and the failure by a small child to respond to advantage or an array of the preferable and the prefer

WHEELY G-YEAS-OLD

James is sur and has a history, says his mother, of chesty colds. On asking leading questions you find he had mild exeem as an infant. This your first cintact with him in an acute asthma attack. It started while running home from school, and he is now in consimply recurrent cough and reports of difficulty with breathing during games.

Trainment Would we approach the resument of James's acute Trainment would not approach the resument of James's acute that the properties of the properties of the consistency of the properties of the consistency of the properties of the properties of the properties of the properties are much more effective in older children than in infants. Sometiments it is possible to give intravenous ammosphyline provided the home is salm and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative; however, perfect one western and the child is co-operative.

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to the child's weight. A few general practitioners are now beginning to use substumed given by nebulisers for treating acute attacks of sathma in the child's home. James's bugger body means a greater therapents: ratio and therefore a greater margin of safety in the bronchodistors to likely.

There is no evidence that bacterial infection plays an important role in inducing bronchospian st this age, and routine antibotics are not indicated. Intravenous and intramuscular hydrocorrisone are of considerable help in more severe attacks and act faster than the statel 24 to 36 hours of the pharmacology textbooks. They may even be life-assing.

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ASTIMATIC TRANSFIR

Treating Catherine, aged 17, in her acute attack is little different from treating James. It is unlikely, however, to be her first attack: a probable cause is that she is taking her prophylasis certucilly, and after adequate control by drogs the most important aids to treatment understanding of the patient as a person. Catherine will need time alone with her doctor to discuss her asthma as she sees it. Her mother may also need time with the doctor.

MII DLE-AGED ASTHMATIC PATIENT

MIS IJE-AGID ATHINATE CATHENT
Mrs Jackson, in her early fittes, has no previous history of
bronchospam. Asthma in middle-age is not uncommon. Yet the is
one in whom the diagnosis is often missed. Acute-on-chronic bronchisis
is the most common midagnosis, especially in men, and purely
because the family dector finis to make a few inquients and conduct
some simple tests in the home. The rare case of heart failure which
used to be called cardiac sixthms may also be missed.

The age of onset of asthma not only largely determines the treatment but also the relevance of investigations. Asthma in the wheezy baby has different causes from that in the older child or adult. Very important, of course, is a detailed history: it may bring to light a familial tendency to asthma and the precipitating factors of the acute attacks. The history is less likely to be helpful, however, in baby John's case.

INTANT

For John, an acute wheezy illness usually does not require investigation unless there are reasons to suspect underlying disease. It is important, however, in the long-term care of a child in general practice to make sure from the history and from the records whether particular optioned recapitation of the particular optioned recapitation of the particular optioned recapitation. Failure to thirty, with many recurrences of wheezing, should alert the clinician to the possibility of an underlying cause, and specific questions should be asked about whether the child has passed bulky stools. Height and weight should be checked against percentile charts to exclude failure to thrive. Referring a 6-month-old child for a chest radiograph after one attack of asthma is hardly good medicine, but referral after many episodes may well be indicated. Some general practitioners find that a routine blood count is useful to exclude anaemis, but other investigations are not productive.

James, the 6-year-old, poses a different problem. Not only would we like to know the cause of his symptoms, but we want to know the effect of his sathma on his growth, development, and lung function. You may sak some of these questions: with his history of eczema has he an allergy 8 And how relevant to

substitute Medical, poursal. Volume 285 11 JULY 1981 subsequent treatment is a blood film and measurement of IgE concentration? Could be co-operate by using a mini peak flow meter, and if so will that prove a useful measure of his lung function? Would chest radiography be of value in his case? Indeed, how important is the simple physical examination? For James the blood film and serum IgE may help the decision whether to look for allergens. Esoimophilia and a thig IgE level whether to look for allergens. Esoimophilia and a thig IgE level and may belip transagement. The need for in the environment of a requirement of the properties of

ADOLESCENT

For Catherine, blood and biochemical investigations take second place to clinical examination and inquiry into the background of her attack. Both James and Catherine, however, should be examined for signs of chronic irreversible disease, which include a permanently overinflated chest; pigeon-chest deformity; lower rib recession; and growth retardation pushing them into the lowest percentiles. Peak flow measurements are also an important part of Catherine's regular assessment.

MIDDLE-AGED PATIENT

For the older asthmatic, such as Mrs Jackson, the chest x-ray film is essential. Her sputum, too, can profitably be examined. Aspergillosis, farmer's lung, asbestosis, silicosis, and other allergic or irritant lung disorders are possible differential diagnoses, but of course are extremely rare in practice.

ONE HUNDRED YEARS AGO. There can be no doubt that the town of Haxings is likely to suffer considerably, when the knowledge is spread among the medical profession that the important appointment of medical officer of health has been filled in a manner of which the profession in the town wholly disapprove. A town such as Haxings offers many advantages to visitors for health-purpose, but it is also distinguished to the substitution of the health-purpose, but it is also included the substitution of the disapprove. A town such as Haxings to engoing the reputation, under the charge distinguished the substitution of the dedigna-house, in respect to the arrival of an imperfectly convalenced scarlatina patient, and want of adequate enforcement of quarantante transgements. Hastings has enjoyed the reputation, under the charge of the Haxings has enjoyed the reputation, under the charge of the state of the substitution of the substitution of a town of lodging-house, which aims at becoming a health-resort, depends for its success very largely upon the complete, the medical officer of health, and on the delicate relations which must constantly arise in carrying out such a system. The spontaneous claimformation, and concurrence afforded by the privace partitioners constitute primary elements of success in the saintary regulation of a to recommend their clients to record to it.—In relations which must constantly arise in carrying out such a system. The spontaneous claimformation, and concurrence afforded by the privace partitioners constitute primary elements of success in the saintary regulation of a to recommend their clients to record to it.—In relations which must constantly arise in carrying out such a system. The spontaneous claimformation and concurrence afforded by the privace partitioners of constitution of a not recommend that the clients to record to it.—In relation to when the clients to record to it.—In relation to the above, the following memorial is being influentially and numerously signed for provest emphatical

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Law and the General Practitioner

Negligence

RICHARD PARKES

Professional negligence is one of the great growth areas of the law. Old habits of deference to the judgment and ability of the professional man may die hard, but they are dying none the less; and the wish of the courts both to devise a remedy for the murred and to its liability on the broadest availables shoulders have been also as the professional and the professional. It is considered that the state of the professional is a serious as encourage aggreed clients to sue the well-insured pro-fessional.

injured and to his liability on the broadest available shoulders has tended to expand the frontiers of legal responsibility as well as consuming aggreed clients to see the well-insured promotions of the consequence of law inevitably so, for the responsibilities of doctors are enormous and the consequences of their errors potentially extantions are consequences of their errors potentially extantions, especially in the critical areas of surgery and aneast-tenther, especially in the critical areas of surgery and aneast-tenther, especially or general practitioner, and despite the impression of the same principles of law upply to all doctors, whether specialist or general practitioner, and despite the impression of the green product of the entire overwhelming nor difficult to understand.

Negligence is the breach of a duty to take reasonable care. It is only actionable in the courts if that breach of duty causes actual damage. There are some areas of human activity where it is uncertain whether a duty of care is owed at all. For instance, until 1933 it was not finally decided that the manufacturer of an item of food or medicine owed a duty of care to the ultimate Lords in the great Sottish case of Donoghue or Stevenson, in which Miss Donoghue sued the manufacturer of a bottle of ginger beer. She and a friend worth is a cell Deposition poured the rail galas, which had efforts. Her friend poured the rail galas, which had efforts the food of the proposed small foliated out. Naturested by the sight, and by the food of the central issue?!

The rule that you are to love your neighbour becomes in

The rule that you are to love your neighbour becomes in law, you must not insure your neighbour and the lawyer's your neighbour and the lawyer's your neighbour and the lawyer's your must take resonable care to awoud act no romenous which you can reasonably forece would be likely to insure your neighbour. Who, then, in law in you now you are you have your neighbour, events to be—persons who are we closely and directly affected by my act that I cought reasonably to have them in you mind to the acts or omissions which are called in question.

Applying Lord Atkin's formula is easy enough in the case of doctors. All of a doctor's patients are his "neighbour," and the category must include not only those patients that he treats but also those on his list that he has never treated but who, for

instance, telephone a request for help that is carelessly ignored. In addition, if the doctor treats the victim of an accident which he chances on—the old "Is there a doctor in the house?" predicament—that person becomes his patient and is owed a duty of care, no matter whether or not the doctor is paid for what he does.

Standard of care

Once the group of people is established to whom the duty of care is owed it is necessary to isolate the standard of care that the doctor must achieve to avoid beeing in breach of the duty. In the case of the general practitioner it is the standard of the ordinary competent precitioner exercising the ordinary degree of the general practitioner is the standard of the ordinary competent precitioner exercising the ordinary degree of the circumstances, which will include the facilities available, the conditions under which treatment must be given, and the amount of time that the doctor has to do what is necessary. The important thing to remember it shat it is always a defence to proceedings for negligence for the doctor to prove that his actions are in accordance with general and approved practice, all the practice is unsound. What is more, it need not necessarily matter that a large number of one's professional colleagues would have handlend matter differently, as long as the treatment given would be accepted as proper by "a responsible body of medical men skilled in that particular art." Algebraic with the practice is unsound. What is more, it need not not necessarily matter that a large number of one's professional colleagues would have handled matter adifferently, as long as the treatment given would be accepted as proper by "a responsible body of medical men skilled in that particular art." Algebraic work of the property of the pr

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stander who tries to treat the victim of an accident: if he causes damage he is likely to be judged by a doctor's, not a layman's, standards. Yet there is the difficulty that a qualified St John Ambulanceman will surely only be judged by the standards of his fellow herts-aiders: why should the lay good Samaritan face a

How negligence may arise

If a general practitioner falls below that standard of care he will be in breach of his duty and guilty of negligence. It is impossible to catalogue the ways in which negligence may arise, for they are infinite: but a few examples might include failing to prescribe the appropriate drug, failing to respond to a patient's processive to the condition, failing to wake proper inquiries to find our what treatment, if any, the patient has received from his previous doctor, and failing to make proper inquiries to find our what treatment, if any, the patient has received from his previous doctor, and failing to traile broke responsible for ontinuing a patient's treatment of one's own findings. In each case no damage may be caused, in which case the patient has no claim, of the continuing a patient's treatment of one's own findings. In each case no damage may be caused, in which case the patient has no claim, of the contract disposition of the contra

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den off from the surgery to look for a lavatory, so it is as well for general practitioners to ensure that their lavatories are well marked, safe, and accessible; otherwise they may find that straying patients with biadder difficulties are covered—thought straying patients with the straying patients with the straying patients with the straying patients with the straying that the duty is a lower one than that owed to lawful visitor. The duty owed to trespassers is rather more difficult to define, in part because the 1975 Act failed to deal with the question, certainly the duty is a lower one than that owed to lawful visitors. The courts have provided guidelines suggesting that the duty is to act as "a humane person exercising common sense", or it in accordance with common sense and common of adults, the occupiers' resources, whether he created the danger causing the injury himself, and how likely it was that a trespasser would wander on to his law, when the nature of the permission to any member of the public on lawful business to enables them lawful visitors, and this must apply a fortion in the case of a general practitioner, who in the nature of things is a logitumately accessible figure.

That is not the end of the doctor's responsibility. He is also liable by the principles of vicarious liability for the negligence of an assistant employed by hum, and there is no reason why the case of a general practitioner, who in the nature of things is a logitumately accessible figure.

That is not the end of the doctor's responsibility. He is also liable by the principles of vicarious liability for the negligence of an assistant employed by hum, and there is no reason why the exceptionist is negligent in, for instance, failing to transmit to the doctor the matery of v

References

Domoghue a Stevenson (1933) AC 552.

Domoghue a Stevenson (1933) AC 552 at 580.

Domoghue a Stevenson (1933) AC 552 at 580.

Soloun a Fren Hospital Management Committee (1957) 1 WLR 582 at 587, per McNat J.

Whitchouse | Ordan (1980) 1 ALL ER 650 at 658.

Whitchouse | Ordan (1981) 1 ALL ER 267: especially per Lord Fraser at 281a.

Clinical Curio: herbal remedy

Rupert was a fit looking 22 year oid, with the ruddy complexion of an outdoor worker. He sat down in my surgery and drew a bottle of the control of the cont

touch, making me sure the sample was not the fresh one I had asked for, although Rupert insirted that it was. By that time the suspicions that had been at the back of my mind before began to grow. I saked him to undress completely, and complianing, he stripped off shurt and ieans. Surely not undergrant too? At last only a pit of long forball seans. Surely not undergrant too? At last only a pit of long forball convergence of the surely surprise and relief there were several incisions, some very recent, about one inch long on both lower legs. Rupert's explanation was that he thought a nice spiny Robinia would look nice near the path of his house. When he got home from work he often jumped over it in sheer exuberance, keretching his legs and causing that if he moved the Robinia his hematuria would get better—and it did.—J B NAYLOB, general practitioner, Northampton.

We will be pleased to consider for publication other interesting findings in general practice.—ED, BMJ.