RESPONSE

"I have a chronic illness and I would much rather see the same person all the time"

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mental health trainer, formerly a scientist

I'm a mental health service user with a background in scientific research and the misfortune to have a diagnosis of schizophrenia. I read this piece of research with interest, as personal care from general practitioners is very important to mental health service users who are trying to survive in the community. This is especially true when senior house officers and registrars in the psychiatric system leave at the end of their six month rotation and there is no long term continuity of care for a lot of people. The GP is part of the psychiatric care programme approach, whether he or she likes it or not.

As a former scientist I'm used to reading the BMJ and enjoy having data and references present in a paper so I can make up my own mind on the validity of the conclusions. However, given that this issue is aimed at patients, I found this study easy to read and understand. Although there was a small amount of jargon (focus groups, primary care trusts, practice level care), it was written in a style that I think would be readable by most people with a reasonable command of English. I particularly liked the direct quotes from interviewees because they underlined what the authors were saying in the text, but in accessible language. I wonder what provision was made in the questionnaires and focus groups for people with limited English, especially since the study was carried out in an area with a large ethnic population. Do people from other cultures want the same from a GP?

On the whole I agree with the results about the GPs and nurses in this study. I have a chronic illness that has quite a high emotional content, and I would much rather see the same person all the time for this. For acute and painful things I would also be pragmatic and see the first person with whom I could get an appointment. I was, however, a little perplexed by the importance given to receptionists by patients and the medical staff, as I have always seen them as people whose job is to restrict my access to the GP!

The main finding—that patients want to be seen as whole human beings with individual needs—seems so obvious that the only thing that surprises me is that managers and policy makers would think of moving away from this. Perhaps it is a good thing this study has been done, and I hope the people who make the decisions about such things have a chance to read it.

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Since "personal care" is ostensibly at the heart of primary care provision, it seems extraordinary that the concept remains—as the authors here rightly say—little studied. This research suggests that there is some important common ground between patients and healthcare providers but that perceptions nevertheless differ according to viewpoint. One of the more obvious factors that might have a bearing on the nature of the experience for patient and professional alike is the gender of the participants in that experience. Bald statistics tell us that men are significantly less likely to visit their GP than women, and anecdotal evidence suggests that they are rather more likely to present at a later stage in the development of disease. It seems likely that this state of affairs contributes to the continuing poor state of male health. Beyond speculation, however, we know next to nothing about why this should be.

Much of what we learn from this study has the ring of truth in the light of what we have learned at the Men's Health Forum about men's expectations, attitudes, and behaviour. Responses to men's needs in primary care have in the past often centred on structural issues. Access may remain a problem for men in full time work, for example—though whether solving access problems is a significant contribution to making care more "personal," as suggested by some of the GPs here, is a point that might bear further examination.

Our experience suggests that a rooted reluctance to accept personal vulnerability may disturb the balance of good judgment for many men. It should go without saying, too, that unhelpful presumptions about how the sexes might, or should, respond to illness and injury are unlikely to be the sole prerogative of patients. The assertion here that "embarrassing problems" may lead to a preference for a service provided outside an established personal relationship directs us gently towards some extremely interesting questions about the nature of the relationship between professional and patient. Embarrassment is not the only form of personal exposure that patients must allow themselves to suffer. Do we currently know how to create environments that allow men to be comfortable in expressing their fears and concerns?

There is much in this study that is useful (not least, incidentally, its accessible and readable style). More sensitive service provision is by no means the only route to the improvement of male health, but it is an important one. Any work that enhances our understanding of good primary care has the potential to benefit men. For those interested in the impact of male gender on health, though, the central questions remain largely unasked and certainly unanswered.

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