



Theses written by GPs are Increasing in Greece

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Continuity of care

Dear Editor,

I appreciated Freeman's editorial¹ on the concept of continuity of care as a commentary on the paper² published in the same issue of the Journal and clearly see this as support for team-based continuity.

I still have many patients coming to see me who first saw me thirty years ago and their medical records contain details of consultations with my partners. It is good to work in a team where you can have full confidence in your partners. There are issues on which patients deliberately choose to see me in the interests of continuity, sometimes over events many years past. This is a position in which patients are choosing the continuity and not one in which doctors or the healthcare system impose continuity. Doctors grow old with their patients. Young patients by and large prefer to see younger doctors. All members of a family do not necessarily wish to see the same doctor. I am glad to work in a situation where they have such choices and are encouraged to exercise them.

I would like to pick up on one point made by Freeman with regard to the uncertain definition of continuity and here I

quote the first sentence of the quoted paper published by Freeman and Hjortdahl:³

Continuity of care has had many definitions but in the context of general practice it is still virtually synonymous with care from one doctor usually spanning an extended time and more than one episode of illness.

The authors went on to examine the practicalities of delivering care in accordance with this statement and clearly had some reservations but I think it is fair to say that this indeed was their starting point. ■

Yours sincerely,

Douglas M Fleming, director.

[This debate is terminated.]

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Theses written by GPs are increasing in Greece

Dear Sirs,

I read with interest the paper of Kochen and Himmel, June issue, in which they identified the scientific requirements for academic careers in general practice throughout Europe.¹

Even though the authors pointed out that their data were based on only one informant from each country, which could lead to some inaccuracies, I would like to correct a major inaccuracy relating to the number of written theses by Greek GPs.

There are currently more than ten published theses, one of which is a Greek/Swedish publication in English,² and also at least a further ten GPs are working on their dissertation

at the Clinic of Social and Family Medicine, School of Medicine, University of Crete, which has already had a part of its research and developmental work presented recently in the European Journal of General Practice.³

Although I found this paper of interest, I do feel that having only one informant from each country undermines the credibility of its finding somewhat, but hope that our information will be of some use. ■

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Reply by the authors

The principal purpose of our paper was to present a temporary overview of the different academic paths in general practice in Europe and to stimulate a discussion on the best solution for our discipline. For this purpose, we considered it adequate to rely on only one informant, with a rather good knowledge of academic details. Consequently, the paper was presented as a Background Paper, not as a paper based on original data.

If more readers contribute to a precise description of the situation in their country, this will surely strengthen our discussion.

Moreover, although qualification procedures in Greece seem to follow a more or less traditional pattern ('habilitation model'),¹ we as well as the readers of the Journal surely recognise the increasing academic reputation of Greek general practice. ■

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Professor Michael M Kochen,
head and general practitioner.
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ORIGINAL PAPER

Continued from page 22.

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