General practitioners' experiences are important

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EDITOR—Beich et al report on a largely overlooked but crucial, component of the population based prevention of alcohol related harm. **1** **2** The experience of general practitioners in screening and delivering brief interventions was problematic. Beich et al call into question the model of universal screening as a precursor to brief intervention. But alternative explanations must at least be considered for the evident discomfort in establishing rapport with patients. Furthermore, forming a judgment on the adequacy of training provided from this report is difficult.

Cartwright et al found that low therapeutic commitment by general practitioners in relation to alcohol interventions derived from anxieties including legitimacy of their role (seeing it as part of the role) and adequacy of it (having requisite knowledge and skills).**3** These general practitioners' views on young people indicate problems with role legitimacy. Articulated difficulties in delivering interventions may entail both role adequacy and support issues.**3** The claimed effect on the relationship between doctor and patient is more suggestive of a lack of confidence on the part of the doctor.

Maybe general practitioners require additional skills to initiate conversations about drinking after applying the screening instrument. This is a testable hypothesis. Conversations about drinking may take place in many ways in general practice, and the universal screening model might be a mechanical way of approaching the subject. Sensitively raising the subject, either by facilitating for patients to initiate talks or by practitioners doing so, may be a key characteristic of good clinical practice, but it will be challenging to study.

The resounding vote of no confidence in continuation of this alcohol work, both in the trial

and in routine practice, is startling. It is also worrying and should prompt a serious strategic rethink. Even this volunteer sample of general practitioners found the work fraught with difficulty, and we urgently need to know how generalisable these data are. Practitioners' experience of, and views on, alcohol screening and brief intervention now need urgent further exploration, and interventions targeting the motivation of general practitioners themselves may be necessary. Context bound training,[4] in which the actual experience of clinical practice forms the basis of the curriculum, may represent another promising way forward.

References

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Brief screening tools should be used in general practice

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EDITOR—Although Beich et al say that general practitioners may experience problems in implementing screening and brief intervention into their regular practice, it is encouraging that they saw counselling patients about their consumption as important.[1] In this case, although screening was effective (with almost 16% of patients identified as hazardous