

Letters to the editor



ADDRESS LETTERS TO:

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Not waving... drowning?

Dear Editor

I delighted in your editorial (*AFP* July) in which you mused on the possibility of J Alfred Prufrock as a general practitioner. TS Eliot began life as a philosopher, which probably explains the incredible richness of his poetry, dense with meaning. And with both poetry and philosophy, the reader is drawn into interpretation of the text. We are never impartial observers.

I am sitting here in a remote Aboriginal community in Arnhem Land where I have been a remote area GP for 6 months. I have beside me a beautiful hardcover edition of TS Eliot's *The complete poems and plays* which I brought with me in January when I moved here. It is a 'desert island' book, probably THE choice I would make if stranded on the proverbial desert island.

I have just returned from a brief holiday in Sydney where one of my son's friends had painted on his faded jeans: 'Do I dare disturb the universe?' Yet another quote from J Alfred Prufrock which we must always ask ourselves when presented with a patient. Sometimes just listening is enough.

My practice in inner city Sydney had been full of 'in the room the women come and go Talking of... menopause' (yes, I know it should read Michaelangelo, but there is a thing called poetic license). I tired of the worried well and chose to 'Spit out all the butt-ends of my days

and ways' and relocate to Gunbalanya where most of the patients who present with acute onset of breathlessness are suffering from acute renal failure.

In Sydney, living in Newtown, I was at the stage where 'I have measured out my life with coffee spoons'. Although bringing a cappuccino machine with me, my life here as a GP is spent tending to people with medical problems the likes of which I only learnt about at medical school. This is no third world country here. Try fourth.

I would love to say to the silvertails, the champagne socialists (of which I was one), the pollies who speak in tongues spitting dollars (such an easy thing to do) 'I am Lazarus. Come back from the dead, Come back to tell you all, I shall tell you all'.

What I would suggest to world weary GPs whose kids have finished school and who are threatened by the empty nest syndrome? Forget your dreams of restoring a house in Tuscany or Provence. Here there are people who need you. They need your knowledge, your interest and your commitment. You don't need to be 'Prince Hamlet'. It is quite enough to be '... an attendant lord, one that will do To swell a progress, start a scene or two... glad to be of use..'

So here I am, and here, hopefully, other GPs might consider working. Instead of filling the time asking: 'Shall I part my hair behind? Do I dare to eat a peach?', I urge other GPs to

accept the challenge. Up here you can dare to disturb the universe, you will 'have the strength to force the moment to its crisis'.

And finally, 'I grow old... I grow old... I shall wear the bottom of my trousers rolled'. And that's exactly what I am and what I do. And it feels so good.

Glynis Johns
 Gunbalanya, NT

Response to Dr Pakula (*AFP* September)

Dear Editor

Recurrent vulvovaginal candidiasis (RVVC) is a frustrating condition for both the sufferer and her GP. It is understandable that both patients and GPs try unconventional approaches. Dr Pakula mentions diet and probiotic agents as possible treatments, and I know many of my patients try reducing sugar or yeast in their diet, or oral or vaginal *Lactobacillus acidophilus*.

Your readers might be interested to know the evidence base for these complementary approaches. There have not been many trials performed, and most were done over a decade ago using methods no longer acceptable by today's standards such as no control group or researchers and patients not blinded to the treatment being trialed.

Keeping these shortcomings in mind, none of these studies found a role for yoghurt or lactobacillus species in the prevention or

treatment of RVVC.¹⁻⁵ Our own study of oral and vaginal lactobacillus species to prevent postantibiotic vulvovaginitis also found probiotics not to be effective.⁶

I have only found one observational trial of dietary manipulation to prevent RVVC. In this study, there was a subgroup of women with excessive urinary glucose, arabinose and ribose. After dietary advice to decrease their intake of dairy products, artificial sweeteners and sucrose, this subgroup had fewer and less severe episodes of RVVC.⁷ It would be interesting to repeat this study and expand it to examine other common recommended dietary manipulations for RVVC.

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References

1. Friedlander A, Druker MM, Schachter A. Lactobacillus acidophilus and vitamin B complex in the treatment of vaginal infection. *Panminerva Medica* 1986;28:51-3.
2. Hilton E, Isenberg HD, Alperstein P, France K, Borenstein MT. Ingestion of yogurt containing Lactobacillus acidophilus as prophylaxis for candidal vaginitis. *Ann Intern Med* 1992;116:353-7.
3. Hilton E, Rindos P, Isenberg HD. Lactobacillus GG vaginal suppositories and vaginitis. *J Clin Microbiol* 1995;33:1433.
4. Shalev E, Battino S, Weiner E, Colodner R, Keness Y. Ingestion of yogurt containing Lactobacillus acidophilus compared with pasteurised yogurt as prophylaxis for recurrent candidal vaginitis and bacterial vaginosis. *Arch Fam Med* 1996;5:593-6.
5. Williams A, Yu C, Tashima K, Burgess J, Danvers K. Evaluation of two self care treatments for prevention of vaginal candidiasis in women with HIV. *J Assoc Nurses AIDS Care* 2001;12:51-7.
6. Pirotta M, Gunn J, Chondros P, et al. Effect of lactobacillus in preventing post-antibiotic vulvovaginal candidiasis: a randomised controlled trial. *BMJ* 2004;329:548-50.
7. Horowitz BJ, Edelstein S, Lippman L. Sugar chromatography studies in recurrent Candida vulvovaginitis. *J Reprod Med* 1984;29:441-3.

Acupuncture for CME

Dear Editor

Why does the RACGP allow GPs to claim CME points for acupuncture courses? Sticking little needles into patients provides no greater benefit than placebo in any decent RCT using sham acupuncture I can find.¹⁻⁴

As there are no 'meridian points'

or 'channels of chi' as advocated in these 'training programs' I suggest that the college withdraw recognition of this Shamanism as it is unproven, unscientific and its practitioners could stick the needles in randomly with similar (useless) results.

I argue that the college should not award CME points for acupuncture, homeopathy, colonic irrigation or ear candling. If patients want these treatments fine, but they should not be recognised as medicine, nor should they be supported by Medicare rebates.

Saul Geffen

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References

1. Smith CA, Hay PJ. Acupuncture for depression. *Cochrane Database of Systematic Reviews Issue 2, 2005.*
2. He L, Zhou D, Wu B, Li N, Zhou MK. Acupuncture for Bell's palsy. *The Cochrane Database of Systematic Reviews Issue 2, 2005.*
3. Furlan AD, van Tulder MW, Cherkin DC, et al. Acupuncture and dry-needling for low back pain. *The Cochrane Database of Systematic Reviews Issue 2, 2005.*
4. Green S, Buchbinder R, Hetrick S. Acupuncture for shoulder pain. *The Cochrane Database of Systematic Reviews Issue 2, 2005.*

Caring for the carers

Dear Editor

In view of the recent aid efforts by Australia in tsunami and earthquake affected areas, there is a need to alert GPs to the effects of re-entry adjustment on cross cultural workers after working in another country. General practitioners will be the first point of contact with the medical system for many of these workers, and they may present with physical and psychological symptoms as well as loss and grief issues which may be part of their reverse culture shock. There is a need to inform GPs about re-entry adjustment, its various presentations and possible complications from unresolved loss and grief issues. Further management of such workers needs to be explored and the role of identification of those at risk and strategies for management such as dealing with disenfranchised grief need to be emphasised.

Susan Selby

Unley Park, SA

Fitness to drive

Dear Editor

Having recently completed my Masters in Health Science, which involved studying fatal accident rates in the aging population with cars, aeroplanes and machinery on farms, I was very interested in the article 'Assessing fitness to drive' part 2 (*AFP* June). Assessing the fitness of an aging driver is a great dilemma, as the author rightly states, as age is not a measure of inability to drive. There are no uniform state rules in Australia in regards to increasing age and driving limitations. It is very difficult to assess in 10 minutes in the surgery if an elderly person is capable of driving. Usually the elderly person is concentrating very hard for those few minutes, more so than when they are driving. Assessments by occupational therapists are expensive and sometimes not readily available in more remote areas of Australia.

There are however, some simple, inexpensive solutions. If there is any doubt about the skill of the elderly driver, the examining GP can simply ask the person concerned to undergo a driving review by an accredited driver-trainer if they wish to continue to drive unrestricted (the GP is given a verbal assessment after the testing as to whether the driver is okay or not). As a rural doctor I have used this method for drivers 80 years of age or over (or any age) if I think the person involved may have a problem with coordination and driving. I know the test isn't 100% accurate, but it is easily achievable.

Peter Ruscoe

Kingaroy, Qld

The 5 domains of general practice



1. Communication skills and the patient-doctor relationship



2. Applied professional knowledge and skills



3. Population health and the context of general practice



4. Professional and ethical role



5. Organisational and legal dimensions