

ADDRESS LETTERS TO

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The opinions expressed by correspondents in this column are in no way endorsed by either the Editors or The Royal Australian College of General Practitioners

Syphilis is back

Dear Editor

I read with interest the *AFP* June edition with its focus on sexual health and in particular, the article 'Syphilis, the great mimicker, is back'. I am wondering if it is considered appropriate by the community and my medical profession to discourage patients from having multiple sexual partners with or without condoms. The fewer sexual partners that a patient has the less likely they will contract a sexually transmitted infection. In the same way that we discourage people from smoking, as it is a health hazard, is it considered by my colleagues wrong to encourage people to limit the number of sexual contacts they have? Or would this be considered an affront to their liberty and stretching the bounds of our medical profession to highfalutin moralising? I am not suggesting that we adopt a judgmental attitude on the issue, but simply focus on the health benefits. Health appears to have lost a lot of common sense in our modern society. Is this another example?

Gerard MacMahon
Glendenning, NSW

Names do matter

Dear Editor

I have been 50 years in practice and 30 years a Fellow of The Royal Australian College of General Practitioners, and it seems to me that it is time that an open discussion was held on the name of the college.

We are no longer general practitioners. Forty years ago we were surgeons, obstetricians, anaesthetists, even pathologists, but this is no longer so, except for a small number of rural doctors. There may be a nostalgic attachment to the old GP name, but this also applied at one time to 'barber surgeons'.

We should define exactly who we are and our area of special knowledge and affirm it in the college title. Primary care physician seems appropriate, but the younger members of the college should be the ones to decide.

Names do matter. We need only look at the heightened public perception and improvement in morale that occurred when ambulance service personnel were relabelled 'paramedics'.

Albert Thomason
Cleveland, Qld

Reply

Dear Editor

Thank you to Dr MacMahon for the feedback. When taking a sexual history, every opportunity is taken to remind patients of safe sexual practices. Limiting sexual contacts or concurrency of sexual partners are issues that are always discussed.

Melanie Bissessor
Melbourne, Vic

Small I leadership

Dear Editor

I found the 'Small I leadership' editorial (*AFP* May 2009) fascinating and inspiring. As a chronically ambivalent leader myself, I constantly question what on occasion feels like my own presumptuous notion that I could lead anyone. Jenni Parsons' framing brought the issue to a human level and describes the notable courage and leadership that surrounds us each day in our work practising medicine. I use that perspective now on a daily basis, seeing leadership all around me, from both patients and my colleagues, in ways that add value and satisfaction to my clinical work.

Jim Anderson
Seattle Children's Hospital, United States of America