The Hong Kong College of General Practitioners
8th Floor, Duke of Windsor Building,
15 Hennessy Road, Hong Kong.
Tel : 2528 6618 (2 Lines)
Fax: 2866 0616
Website:
http://medicine.org.hk/hkcgp/journal.htm

The Hong Kong Practitioner is indexed in *Excerpta Medica (EMBASE).*

Printed & Designed By
Printhouse Production Center
Hong Kong

EDITORIAL

How Do We Research On Questions Related To General Practice?

The paper by Chan[1] published in this issue of the Journal provides useful information on upper respiratory tract infection (URTI), the bread and butter illness seen in general practice. It helps to confirm that most patients prefer doctors who are active listeners and who also educate them about their illnesses.[2] In another recent article, Chan provided data to disperse the myth that patients in Hong Kong expected antibiotics for URTI, instead what they do expect is medication to relieve their symptoms.[3] These are very important findings because over one third of all general practice consultations in Hong Kong are primarily for URTI. There lies significant medical, social and financial implications in these data.

However, despite claims by 60% of the respondents of knowledge of self management of URTI in Chan's study, half of them consulted their doctors within the first two days of their illness. There existed contradictions in what many of the respondents claimed and what they actually did. It is not unusual for surveys of this type to have findings which may not appear to be very logical. How do we go about exploring this very complex human behaviour?

General practice is different from other medical disciplines. It is more than just pure medical science. The Alma-Ata Declaration states that primary health care reflects and evolves from the economic conditions and sociocultural and political characteristics of the country. General practice is arguably a medical-social science.

Professor G Stephens has said, "The content of general practice is the ordinary more than the extra-ordinary, the common more than the rare. It is on the problem more than the disease, the organism more than the cell." General practitioners deal with patients in the community and most of the consultations are initiated by patients whose problems may have significant psycho-social origins. Using URTI as an example again, only 7.1% of all general practice encounters in Australia[4] are for URTI but 33% in Hong Kong. What might account for the difference?

We all know that URTI is a minor and self-limiting condition and, therefore, it is highly likely that psycho-social reasons play a major part in

EDITORIAL

the difference as to why many patients consult their general practitioners for URTI in Hong Kong but not in Australia.

In order to investigate this very complex human behaviour, the addition of qualitative research methodologies such as in-depth interviews and observations will allow the development of a research base for the discipline that matches its practice and its values, and opens up new questions to research.[5] We, general practitioners, attempt to allow clinical information to speak for itself in our daily work, listening sufficiently to our patients to let them tell us what is wrong. This is similar to the qualitative methods used in natural sciences to describe the natural world and the narrative description of many diseases, e.g. diabetes and measles when they were first detailed many hundred of years ago.

Qualitative and quantitative methods need not be mutually exclusive. Their applications are to be dependent on the nature of the research question. Qualitative research methods are, however, particularly useful to explore complex human behavioural issues, like the one that has been raised by Chan in her article.

As pointed out by Griffiths and Marinker, "If research in general practice restricts its enquiry to questions that can only yield to numerate research, it will be unable to explore beyond current traditional concepts that determine and delimit what questions can be asked." We are then not taking advantage of the real edge we have over many other medical disciplines. ■

Lam Tai Pong
Editor

References

1. Chan CSY. Patients' preferences at consultations for upper respiratory tract infections. *HK Pract.* 1997; 19(4): 171-182.
2. Lam TP. What is a "doctor". *HK Pract.* 1994; 16: 537-538.
3. Chan CSY. What do patients expect from consultations for upper respiratory tract infections? *Fam Pract* 1996; 13: 229-235.
4. Bridges-Webb C, Britt H, Miles DA, *et al.* Morbidity and treatment in general practice in Australia 1990-1991. *Med J Aust* 1992; 157(19 Oct Spec Suppl): S1-S56.
5. Griffiths F & Marinker M. Exploring qualitative research in general practice: introduction. *Fam Pract* 1996; 13: S5-S6.