

### Hopeful for return to the glory days

Your first editorial of the *Journal of Primary Health Care* seemed to certify the death of New Zealand general practice, but it was quite a roller-coaster ride! You describe your glory days as a general practitioner but then came the words which gave me the thought that resurrection may still be possible. 'Except possibly for a few rural colleagues, those days have passed.' So it's true! Out there in the wild places which make up 60% of NZ, they are still around.

Of course you can't help spreading your new faith and it was sweet of you to recite the NZ Primary Health Care Apostles' Creed.

'The content of general practice has fragmented, with roles played not only by other doctors, but also by colleagues from other disciplines, including nursing and pharmacy.

The Primary Health Care Strategy was introduced in 2001. Its mission was to shift from traditional general practice to a new direction for primary health care with a greater emphasis on population health and the role of the community, health promotion and preventive care, the need to involve a range of professionals. This is the model under which now we work.'

I can just hear all of you composite primary carers singing this Gregorian chant at dawn as you prepare for a day of committee meetings with all the participants in the multidisciplinary teams. But then you betray yourself. Like a catholic who has accepted Vatican II but still hankers back to the old days, and the ancient rite.

'Campbell is right—we still need our own doctor. GPs are pivotal to health care. We know our patients and their families. The relationship is the key. We need communication and integration—to be informed if our patients are on the pill, pregnant, taking complementary and alternative medicines, receiving methadone maintenance therapy, in the hospice for respite care.'

A few years ago, Pippa McKay said that if general practice were abolished in NZ, they'd have to reinvent it. Fortunately the darkness of the Primary Health Care Strategy has not been able to extinguish the light of organised general practice. As you so rightly assert 'a few rural colleagues' are now the repository of this wisdom and, mark my words, the next 10

years will see the glory days back for the only discipline which can sustain good primary care in NZ.

*Prof. Campbell Murdoch*

### Move to online only?

I would like the new *Journal of Primary Health Care* to be web-based and available only online. This would save costs and be better for the environment. Ongoing education and information for general practitioners is increasingly online. I would like a survey of members of the College (via email!) to see if this is the majority opinion. If it is not the majority opinion I would still like individual GPs like myself to be given the option of not receiving the journal in the mail but being able to access it on the Web if we wish to.

*Dr Rebecca Potts*

**REPLY:** At the moment we are continuing with the hard copy issues. However, if a member does not wish to receive the journal, please send an email to [editorialassistant@rnzcgp.org.nz](mailto:editorialassistant@rnzcgp.org.nz) asking to be taken off the journal mailing list—Editor.

### In support of intravenous Vitamin C

I thoroughly enjoyed issue number one of your new format, but was bemused by your letters from Erin Hanlon-Wake and Helen Petousis-Harris in reply to the article on vitamin C. Ms Hanlon-Wake criticised the lack of useful scientific references and then used a data sheet from a science laboratory to back her claim that vitamin C in large doses may cause renal failure. Referencing a laboratory data sheet is not useful to me or anyone else who would wish to check on her claim that vitamin C may cause renal failure. This claim has been made repeatedly by a variety of people over the years but the claim lacks adequate scientific proof. I have given intravenous vitamin C for many years and have never seen any sign of renal toxicity. In the interest of making your publication worthwhile I wonder if it would be worthwhile considering checking the references that your correspondents supply as otherwise you risk promulgating misinformation.

**LETTERS** may respond to published papers, briefly report original research or case reports, or raise matters of interest relevant to primary health care. The best letters are succinct and stimulating. Letters of no more than 400 words may be emailed to: [editor@rnzcgp.org.nz](mailto:editor@rnzcgp.org.nz). All letters are subject to editing and may be shortened.

I do agree, however, that some good research is sorely needed as intravenous ascorbic acid is a very useful remedy in certain situations. The most obvious results can be seen when a patient presents in an acutely unwell state due to a viral infection, e.g. infectious mononucleosis. It is hard to dispute the benefit when a patient walks in the surgery door white as a sheet and clearly very unwell and then walks out of the building an hour or two later after 25 to 50g of intravenous ascorbic acid with colour in their cheek and a smile on their face.

Whilst it is true that may be dangerous to extrapolate from animals to humans when trying to understand vitamin C production and utilisation, it is not an entirely unreasonable thing to do. Especially given that all primates lack the enzyme necessary to produce ascorbic acid on demand. Ms Petousis-Harris does slightly undermine her argument when she refers to goats and dogs as rodents!

*Dr Mark Austin, GP*

### High praise for the Journal of Primary Health Care

I have just finished reading the second edition of the *Journal of Primary Health Care*, from cover to cover, and I want to congratulate you. OK, I skipped a few bits and speed read others, but there were far more papers in this edition that I read from beginning to end than I usually expect to find—in any journal. The workforce papers were fascinating for their diversity of views. The main message that I take from the 12 (! I counted) workforce papers was: 'Keep on your toes. Times are a-changing and things are not going to be in the future as you think they'll be.' Des Gorman's articulate paper was especially valuable for crystallising this message. And here's an extra advantage—I'm not a College member so I don't receive a hard copy subscription but I can read the journal at the same time as everyone else because it's up on the web within seconds of the hard copy hitting the post office (presumably—pretty quickly, anyway).

So overall, you've published a journal that I find I want to read, and can read—and I bet there are more than a few others like me out there.

Without wanting to detract from this position, I do think that there are some inevitable teething problems that will probably become well sorted over the next little while. Like at least one of your correspondents in Issue 2, I find the abundance of orange somewhat overwhelming. I appreciate that this colour has significance for the College, but does it really need to be the background colour for every table, and set the colour scheme for every figure, as well as being used for headings, authors' names, etc. etc? It's just a little too

much. And the other 'big deal' thing for me is that I have to remember to find it (on the Web). It would be really nice if I could sign up for an 'alert' whenever a new issue was out. That's the only way I regularly read any journal, as I would like to become a regular reader of the *JPHC*. Without an alert I would probably forget to go looking for it at approximately the right time. Maybe you already have this and I just couldn't find how to do it?

Well done, editor and team! Keep up the good work.

*Dr Sue Dovey*

### There is no scientific basis for acupuncture

It's hard to know how to respond to the absurd proposal that ear acupuncture is to be used in the battlefield (Dr Robin Kelly, letter<sup>1</sup>). Ear acupuncture is nonsense. There is no anatomical or physiological basis for it and any doctor suggesting otherwise raises valid concerns about their competency to practise medicine. The recent trial that showed that toothpicks were as effective as acupuncture needles demonstrates simply that placebo controlled trials of acupuncture are trials of one placebo versus another. Neither acupuncture points nor meridians have any scientific basis and acupuncture needles can be stuck in at random and will produce an excellent placebo response. I tested this myself and can teach anybody to be a safe and competent acupuncturist in a few minutes. I did so at a conference of the NZ Skeptic's Society and gave anyone who wanted it a signed certificate stating that they were a trained acupuncturist. This is why acupuncture 'training' and 'study' is a contradiction in terms and the Medical Council should not be allowing doctors to claim CME credits for such activities.

The recent *BMJ* study showing improved IVF pregnancy rates with acupuncture<sup>2</sup> reminded me of an earlier study showing the same improvement from remote prayer (both equally ridiculous claims). As the late great Skrabanek was fond of saying 'Randomised clinical trials of absurd claims are more likely to mislead than illuminate.'<sup>3</sup>

*Dr John Welch*

### References

1. Kelly R. Letter to the editor: Acupuncture. *J Primary Health Care* 2009;1(2):159.
2. Manheimer E, Zhang G, Udoff L, Haramati A, Langenberg P, Berman BM, et al. Effects of acupuncture on rates of pregnancy and live birth among women undergoing in vitro fertilisation: systematic review and meta-analysis. *BMJ* 2008;336(7643):545–9.
3. Skrabanek P. Demarcation of the absurd. *Lancet* 1986;1(8487):960–1.