



I must congratulate Tony Townsend on the very excellent and pertinent editorial in the December issue (NZFP 2007; 34:6). I am sure that the content was accepted by all GP readers as a realistic appraisal of how some specialists regard general practice. I think times are changing and although many of us have experienced similar comments as Tony, from colleague specialists, the younger ones today seem to value general practice more. Is that from medical school influences, or because we write legible, informative referral letters (thanks to computers) now? Or are the younger specialists qualitatively different?

I do note huge differences in specialists in Auckland; some are so greedy that they charge our patients, (and ourselves even as referring GPs), every cent they can; \$120 for a 10 minute appointment is quite common. Others, within the same specialty, are really reasonable, often not charging for consulting time and never wishing to charge GP colleagues. What creates this difference? It has little to do with country of origin, more perhaps related to personality and personal greed.

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Stress and burnout

'Family physicians, regardless of their demographic characteristics, are at risk of burnout. In these times of high stress rates in the profession, it is important for all family physicians to become aware of the problems that can arise from stress and burnout. Personal and occupational strategies for coping with stress are associated with a reduction in burnout and are, therefore, highly recommended. The results of this study lead us to recommend the two most frequently cited personal strategies: eating nutritiously and scheduling time with family.'

Lee FJ, Stewart M, Brown JB. Stress, burnout, and strategies for reducing them. What's the situation among Canadian family physicians? Can Fam Physician. 2008;54(2):234-235.