DIFFUSION OF A MINIMAL CONTACT SMOKING
CESSATION PROGRAM FOR DUTCH GENERAL
PRACTITIONERS
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In 1994 a minimal contact smoking cessation program
for Dutch general practitioners (GP) was disseminated
nation-wide, aiming at a 15% implementation rate
among all Dutch GPs. A feasibility study showed that
the program is easily applicable in daily routine. Evalu-
ation of program effectiveness in a randomized con-
trolled trial (n = 518) showed at twelve months a self-reported
quit rate of 13.3% in the intervention group and 7% in
the control group (Odds R = 1.84; p < 0.04; 95%
CI = 1.02–3.31), including non-respondents as smokers
in the analysis.

THE ANXIETY OF THE PHYSICIAN AT THE
BEDSIDE OF DYING PEOPLE
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The aim of this lecture is the analysis of the doctor’s
anxiety concerning death and dying. Part of this anxiety
is originated from the doctor’s own fear of death. Studying
this we are seeking answers to the following questions:
• What components are included in the fear of death?
• What kind of processes have contributed to the
increase of this fear in the XXth century?

• What kind of cultural consequences do these
processes have?
The other component of the physician’s anxiety is
resulted from the specifications of the client-doctor
relationship. The analysis of this component raises the
following questions:
• What are those elements of the physician’s anxiety
which increases his/her own fear of death?
• What kind of influence does it have on the client-
doctor relationship?
Finally we are discussing those possibilities and
methods which can make the elaboration of the physi-
cian’s anxiety possible.

PSYCHIATRIC MORBIDITY AMONGST
PARTNERS OF CANCER PATIENTS—THE
IMPLICATIONS FOR AN INTERVENTION STUDY
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In a retrospective study 168 partners of cancer patients
were interviewed, by trained interviewers, 2 years after
the patient’s cancer diagnosis. Standardised psychiatric
interviews were carried out to assess the partners’
experience of psychiatric morbidity over the 2 year
period and DSM III diagnostic criteria were used.
Twenty(12%) of the sample experienced an episode
of anxiety and/or depression at some time during the
two years and prevalence was significantly higher
amongst female partners (p<0.001). Partners were
almost three times more likely to develop an affective
disorder if the patient had experienced a similar disorder
since diagnosis and in all but one of these cases the
partner’s psychiatric illness developed concurrently
with, or following, the patient’s affective disorder.
Almost half of the partners 8/20 (40%) failed to seek
professional help for their illness.
Psychiatric morbidity in partners was related to
satisfaction with information about the cancer illness
(p = 0.06) and its treatment (p = 0.04). It was also
significantly related to the number and severity of
unresolved concerns but not to the degree of confiding
about the illness.
In the light of these results, a way of targeting and
intervening with partners will be discussed.