



This Issue in the Journal

Factors that influence changes in smoking behaviour during pregnancy

D McLeod, S Pullon, T Cookson

A cohort of 1283 pregnant women was surveyed to explore the characteristics of women who continue to smoke beyond the first trimester of pregnancy. Socioeconomically disadvantaged women, Maori women and women whose partners smoked were significantly more likely to continue smoking in pregnancy. Pregnant women were more likely to stop smoking if they were employed, in their first pregnancy, or they experienced nausea. The characteristics of women who continue to smoke needs to be taken into account in the provision of smoking cessation support.

Improving the effectiveness of smoking cessation in primary care: lessons learned

D Richards, L Toop, K Brockway, S Graham, B McSweeney, D MacLean, M Sutherland, A Parsons

The 'Smokescreen' smoking cessation programme was introduced into general practice in New Zealand in 1995 and had an initial success rate of 10%. Pegasus Health IPA has modified the programme (the PEGS programme) and encouraged increased practice nurse involvement. This study shows the programme is being widely used and helps one third of enrolled patients to remain non-smokers six months after quitting. This result compares well with international statistics and indicates the important role of the general practice sector in smoking cessation in New Zealand.

The cost to the New Zealand Government of providing 'free' primary medical care: an estimate based upon the Rand Health Insurance Experiment

T Robinson

New Zealand is moving towards the provision of free general practice consultations to the public. There is substantial uncertainty about the cost of such a policy. Uncertain factors include the likely increase in demand for GP consultations and the downstream effects in terms of medicine, laboratory and hospital use. This article attempts to estimate the effects of these factors and suggests that the provision of free general practice might cost the Government \$435 to \$592 million dollars a year.

Is the PRIME (Primary Response In Medical Emergencies) scheme acceptable to rural general practitioners in New Zealand?

T Hore, G Coster, J Bills

The health reforms of the mid 1990s included an initiative to improve emergency medical care to those in remote areas of New Zealand. The PRIME (Primary Response In Medical Emergencies) scheme incorporates a coordinated response between rural general practitioners, advanced nurses and local emergency services to provide appropriate management of trauma and medical emergencies in rural locations. This paper aims to ascertain the acceptability of the PRIME scheme to rural general practitioners in New Zealand and therefore identify areas for improvement for all parties concerned.