

mucocutaneous lymph node syndrome demonstrated many characteristics of the toxic shock syndrome.⁷

Management of a seriously ill young woman whose presentation suggests the toxic shock syndrome should usually consist of multiple antibiotics that afford a broad spectrum of coverage, and fluids and vasoactive agents to maintain adequate blood pressure and perfusion of vital tissue. In this setting, anti-staphylococcal antibiotic coverage is important although the specific role and value of anti-microbial therapy in this syndrome remains to be determined. In addition to blood, urine, and cerebrospinal fluid, mucosal surfaces such as pharynx, cervix, vagina, and rectum should be cultured to assist with later decision making regarding antibiotic treatment.

While the toxic shock syndrome appears to be a new disease, it may not be rare. Cases have probably been misdiagnosed and it is likely that a spec-

trum of clinical severity exists. Increasing recognition of the condition will help delineate and clarify the clinical picture and hopefully will illuminate effective preventive and therapeutic approaches. Primary care physicians need to be aware of this syndrome, its nonspecific early manifestations, and its potential for rapid progression to a life threatening state.

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Patient Attitudes Toward Physician Inquiry About Will Status

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Physicians become closely involved with the patient and family at the time of a death, whether anticipated or sudden. Subsequently, the physician counsels family members to help relieve the suffering of the grieving process. Perhaps one way the physician can aid the family is to help assure that patients have completed and signed a legal will before death.

Although physicians are one professional group in this society which could appropriately inquire into an individual's will status, a search of *Index Medicus* revealed no published studies concerning patient attitudes towards such inquiry. A study was designed to survey patient attitudes toward physicians inquiring concerning wills and to de-

termine what percentage of patients did or did not have wills.

Methods

The study population was composed of patients at the Family Practice Center at Bowman Gray School of Medicine, a residency training model family practice center staffed by 27 residents and 9 physician faculty members. At the time of the study, the family practice center had 6,500 registered patients whose demographic characteristics approximated those of Forsyth County, North Carolina.

A questionnaire was developed to elicit demographic data and to ask two questions: (1) How would you feel if your family doctor routinely asked if you have a will during annual physical examination? and (2) Do you have a will?

Three hundred four adult patients (over 18

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Attitude	Total Patients	Percent
Pleased	165	55
Indifferent	111	37
Not pleased	27	8

years of age) were asked to complete the questionnaire during or following their visit to the physician. Four individuals refused to participate in the study; no questionnaires were declared invalid.

Results

Three hundred completed questionnaires were collected and tabulated. One hundred eleven (37 percent) of surveyed individuals had legal wills in effect and 189 (63 percent) did not. Table 1 lists the attitude responses of patients concerning being asked "Do you have a will?" as a routine question during a health maintenance examination.

Various demographic and other data were examined to determine if there are racial, financial, social, or medical variables which might influence the patient's attitude concerning a will query. These data, presented in Table 2, show no statistically significant relationship by chi-square analysis at alpha equals .05 level of significance.

Comment

These findings indicate that almost two thirds of patients in this primary care practice do not have wills. Furthermore, only one patient in ten would not be pleased to have the physician inquire as to his or her will status. During health maintenance examinations as well as during care for illness, physicians have the opportunity to raise the question of wills. The lack of a will can severely affect the financial and emotional well-being of a family following death. By raising the question of a will, the physician may render a valuable service to the patient and family.

This conclusion was reinforced by an event that occurred during the study. One of the patients who completed the questionnaire was prompted to have a will completed and signed the following week. Two weeks later, she died unexpectedly. Her family called about a month following her death to thank us for prompting the will to be drawn and to tell how much having a will had helped settle the estate and preserve their peace of mind.

Physicians care for patients and their families in life and after death; a simple query concerning will status is recommended as part of adult health maintenance examinations.

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	Pleased Group (%)	Indifferent Group (%)	Not Pleased Group (%)
1. Patient provides major family financial support	49	56	63
2. Spouse contributes to family financial support	66	66	66
3. Patient has a chronic medical problem	25	21	21
4. Patient has children	85	76	83
5. Patient is married	75	66	83
6. Patient presently has a will	39	32	46
7. Percent Caucasian race	82	86	83