Unsurprisingly, patients’ priorities for medical care are centred on diagnosis; doctors are expected to listen properly, do a physical examination, and find out and tell the patient what is wrong. Aneurin Bevan expressed this view forcibly during a debate about community hospitals: ‘I would rather be kept alive in the efficient if cold altruisms of a large hospital than expire in a gush of warm sympathy in a small one.’ The days of wallowing in uncertainty, and perversely making a virtue out of tolerating it, are over, and first-contact clinicians have a duty of care that includes making early, accurate diagnoses as often as possible. The challenges of doing so are captured in a series of papers in this issue of the BJGP, and deftly explored in Kevin Barracough’s editorial. We clearly aren’t there yet, and Barracough makes a plea for more research into diagnostic decision making and the use of investigative technologies, arguing that the funding available for research of this kind is disproportionately small in relation to the importance of the subject. I completely agree — and would urge funders and researchers to think about the kinds of multidisciplinary research needed to move us into the 21st century, where cognitive psychologists, information scientists, engineers, and mathematicians will collaborate with clinicians to devise fresh approaches to capturing and analysing all the available patient data that are relevant to each presenting patient problem. It is impossible, in the second week of the Olympics, not to write about these extraordinary games and to reflect on how they are being seen by different clinicians and health professionals? Medical students now move in apparent Brownian motion through ‘integrated’ curricula, with simulated patients and examinations that test the regurgitation of sound bites, without the faintest idea how about how firms, departments, and hospitals work, and with little experience of what it is actually like to do medicine. Instead they acquire a sharp awareness of the time constraints that we have allowed the EU and NHS managers to impose on clinical activity and of the games that need to be played with online applications for foundation posts. ‘We trained every day for 4 years for this ... this was our masterpiece’ said one of the gold medal rowers, and this is the kind of inspiration that we ought to be trying to provide for our students and junior doctors, rather than mealy mouthed compliance with absurd managerialism and bloodless, politically correct governance. Let’s also hope that some of our societal malaise can be treated with a dose of Olympic spirit — replacing a culture of entitlement with one focused more on effort and application and substituting the fixation on celebrity with the recognition of real achievement.

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