

is a technology in the consultation room that perhaps we are increasingly in danger of abandoning, namely the billions of mirror neurones that rely on visual information to generate empathy and rapport with patients. Every glance away at a computer screen or worse, being serially embedded in it, for reasons of QOF, personal acopia, or lost or never-present skills, represents the placement of this required and increasingly essential human brain-derived technology in front of those that have derived from the human brain — once described as the 'most complex mechanism in the known universe'.

And why, anyway, in this day and age do we not have Head-Up Touch-sensitive Displays (perhaps they could be called Eye-Pads?) being used routinely in healthcare settings, together with abandonment of the 1868 QWERTY keyboard and 1946 mouse?

As Einstein said:

'The intuitive mind is a sacred gift and the rational mind is a faithful servant. We have created a society that honors the servant and has forgotten the gift.'

In this context, I would say that it is time to 're-mind' the rational mind that it and all its derivatives are respected for their servitude, while being kept firmly in their place.

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REFERENCE

1. Sigman A. Virtually addicted: why general practice must now confront screen dependency. *Br J Gen Pract* 2014; **64(629)**: 610–611.

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Correction

In the November 2011 article by Hippisley-Cox J, Coupland C. Identifying patients with suspected lung cancer in primary care: derivation and validation of an algorithm. *Br J Gen Pract* 2011; DOI: 10.3399/bjgp11X606627, the Results section showed two incorrect numbers. In the second paragraph it states 'A total of 1 243 329 patients'; this should have been 'A total of 1 342 329 patients'. It also states '... 1 342 329 patients for analysis.'; this should have been '... 1 267 151 patients for analysis'. The errors have no effect on any of the results or conclusions. The corrected version will be published online.

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