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De rerum natura: is this now just the nature of things, or has it always been so?

In an attempt to escape the never-ending barrage of political news this week, I decided to seek refuge in a podcast or two. Perhaps a comedy programme? Too much satire, I thought. Even the comedians have gone Brexit crazy. What about a science discussion, I mused? No such luck as the topic was the statistics of election polling. I took a deep dive into the archive to find an episode on Lucretian poetry in the first century BCE.[1] Wonderful! I silently exclaimed, 2000 years is just enough distance from contemporary politics to escape.

I was transported to the collapse of the Roman Republic, where Epicurean philosophy was being extolled in poetic verse.

'Leaders seemed more concerned about competing with each other, than uniting for the stability of Rome', explained the presenter.

'During a time of political turbulence, when powerful, wealthy people were willing to create chaos just to achieve their personal ambitions.' Blimey, had I accidentally switched to *The Today Programme*? Oh no, wait, this was still the podcast.

'The elite groups cared little for the ordinary people until it came time to buy their votes with promises to increase the "dole" of grain; just enough to seem generous.'

I gave up and accepted that this clearly is the nature of things, then and now. So, what is the increased 'dole' of grain this election? Surely it is the same as every post-war election: the NHS. This election campaign, however, the medical community seems quieter than usual. Perhaps because the main political parties are offering to increase the budget for the NHS, just enough to seem generous.

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What makes a good-quality GP report for an Initial Child Protection Conference?

This article gives good advice on how to write a report for an ICPC.[1] It identifies a key issue, however, that is not addressed at all: that 'GPs have been poor attenders at ICPCs'.

GPs can have a fundamental reluctance to engage in a process that is perceived as undermining the doctor–patient relationship. The GP is often the only professional at an ICPC who has a therapeutic relationship with the parent(s) as well as with the child. We are very aware that inside every vulnerable adult is likely a child who endured trauma themselves, and comes to us as an adult figure whom they can trust. These are the very patients whose parenting is likely to cause child protection concerns. Being asked to provide information that may protect one child can sometimes feel like an act of betrayal, and even abuse, of the other child within the adult parent. This undoubtedly leads to us under-reporting and carrying a lot of risk.

As a Deep End GP I believe this is one of the reasons why GPs are reluctant to work in disadvantaged areas. We often deal with this dilemma by either not engaging, or by doing a report, but not attending the meeting, because of the sense of being complicit in a perception of judgement and criticism of the parent. This can have the unintended consequence of the parent/patient feeling abandoned by us.

Paradoxically, I have concluded that the best way to protect both the child and the vulnerable adult is to thoroughly engage with the process: to not only be open with the parent about concerns but also explicit that you will walk with them on what can be a harrowing journey. With our knowledge of families we can have a critical input. Our independence allows us to challenge other services. And, finally, we can support and advocate for the vulnerable parent as well as the child, regardless of the outcome.

This is not a comfortable space for GPs, but it is a challenge we need to consider if we are to meet our responsibilities to all our patients.

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Spiritual intervention and the 'LOADS SHARED' mnemonic

I read with interest Dr Macdonald's article on the 'LOADS SHARED' mnemonic[1] and I agree that it would be a useful tool in assessing spiritual needs, especially in patients who neither initially identify as spiritual nor desire spiritual care. GPs are very aware of the modern maladies of loss of wellbeing, obesity, addictive behaviour, depression/anxiety, and social isolation described by Hanlon *et al*[2] and could easily identify the spiritual cues of shame/guilt, health (losses), appearance, relationships, employment, and death/bereavement suggested by Macdonald.[1] Furthermore, chaplains in primary and secondary care might also find 'LOADS SHARED' a useful mnemonic in providing spiritual care to their patients.

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