

The concept of a revolution understandably makes people nervous. In broad political terms a revolution means peoples' circumstances change, some for the better and some for the worse, sometimes violently or unjustly. GPs are particularly suspicious of revolutions, because change itself almost always involves extra work. Some revolutions can be intellectual, such as the evidence-based medicine paradigm. Some revolutions are everyday, grassroots-led and may result from the simple passage of time but nonetheless create a sustained change.

There are two kinds of such mundane revolution implicit in this month's *Life & Times*. The first is celestial, represented by the start of a new year — the earth quite literally turns. We start 2022 by thanking David Misselbrook, who has helmed *BJGP Life* and *BJGP Life & Times* in the past year. Initially declaring the *BJGP* 'Open for ethics,' as Senior Ethics Advisor,<sup>1</sup> he also completed an A-Z of Medical Philosophy for the reflective *BJGP* reader.<sup>2</sup> He has promoted a vibrant *BJGP Life* community in the last few months, and has not been averse to shaping our ideas. The 'inverse power law,' a notion that the more disempowered someone is by circumstance the less likely it is that they will shape policy aimed at them (or indeed any aspect of their care) exemplifies this.<sup>3</sup>

'Is it me or is the temperature rising?' asks Misselbrook.<sup>1</sup> GPs have many times been seen as the hobbits of health care, seemingly content to get on with the job without the time or inclination to challenge practice or policy. If this is true (debatable) then it has arguably become harder to be ostensibly 'The good guys.' This leads us to the second kind of mundane revolution. This is illustrated by the sheer variety and impact of the articles in this month's *Life & Times*. All express how GPs meet the challenges of our life and times, and engage with them as clinicians, citizens, and human beings.

Some of this month's articles represent grassroots responses to global phenomena: GP and environmental campaigner



Andrew Papanikitas.

Christelle Blunden arms us with facts about factory farming and its impact on both human and planetary health.<sup>4</sup>

Emily Clark and Rebecca Farrington discuss the health and welfare challenges presented by vulnerable migrants such as asylum seekers. They recommend listening, cultural curiosity, advocacy, and management of distress.<sup>5</sup> There is no quick fix, and reliance on the '3rd sector' is welcome but inadequate. Both challenge the idea that the environment and the health of vulnerable migrants are someone else's problem.

We go from global problems to local ones. If only there were interventions that reduce morbidity and frailty in the elderly! Helen Burn reminds us that there already are: exercise and social interaction.<sup>6</sup>

And Maria Wasty argues that 'resilience' is a way in which responsibility for surviving adversity and returning to a previous state of wellbeing is placed on the survivor without sincere attention to the sources and effects of adversity.<sup>7</sup> Speeches about the nobility of fallen comrades are being offered instead of ammunition and armour. Welfare and health for both patient and practitioner are both important and interconnected.

The primary goal of *BJGP Life* and *BJGP Life & Times* is to develop a *BJGP*

community — a virtual agora, the forum of classical times that translates across time and space as the debating room, the public house, the workplace coffee room, or the exchange of ideas over the corridor water-cooler.

Nearly 2 years of COVID-19 have seen many such spaces become digital. The digital revolution was well underway even before coronavirus, and *BJGP Life* is open for submissions and for comments and discussion. Come and join the conversation ... and who knows ... you might even contribute to a mundane revolution.

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