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Research papers this month

This month's *Journal* has a strong international flavour. Håkansson describes success with a course in research methodology in Southern Sweden. Hermoni *et al* (page 809) report a study trying to measure how often patients with low back pain do (and do not) follow the advice of their doctors. The answer is, perhaps predictably, not much. In a remarkable study, Cornford (page 791) sheds some light on the reasons for such lack of concordance. In a qualitative study of patients on long-term oxygen treatment, he found that most used it not as prescribed, but to serve their own personal ends, to gain some control over their illness, and to make sure that they did not, in turn, feel controlled by the need for oxygen. This study not only shows how qualitative studies can illuminate practice in ways that quantitative ones cannot but also, one suspects, will find a strong echo in many general practitioners' lives. In Spain, Grandes *et al* (page 803) examine the effectiveness of a smoking cessation programme in routine practice and found that, with the right support, the programme was highly efficient, as only 20 smokers need be identified to result in one abstainer.

The last of the international papers is a systematic review from Australia of non-antibiotic remedies for sore throat. After all the acres of print expended on discussions on the use of antibiotics, at last here is strong evidence to support the use of other analgesics or NSAIDs, although as they point out the evidence is based on regular use of such agents in full doses.

But for a broader international perspective turn to the Postcard from a New Century, in which Dorothy Logie describes the crisis facing global health, painting a sombre picture of our chances of long-term survival.

The eternal verities crop up throughout this month's *Journal*. Bradley, taking up the theme of sore throats, repeats the need for good communication between doctor and patient. Philip White identifies taking time and psychological support as key elements in the attraction of complementary medicine for patients. He uses the conclusions to shed a light on some of the failings of conventional general practice. He finishes with a plea for more compassion from doctors, a note echoed by Goodman, and Latthe and Charlton in the Back Pages. The theme also surfaces obliquely in McGlade's study into the views on euthanasia of general practitioners in Northern Ireland. The doctors show so clearly the price of humanity, so that they approve of euthanasia, but are unwilling to carry it out. Perhaps the most striking finding in this survey is that nearly a third of doctors reported having requests from patients to help them die in the last five years.

Apart from the need to treat individual patients with humanity, we need also to guard against any form of discrimination directed to particular groups. The article by Scheepers *et al* records a high prevalence of *Helicobacter pylori* among the learning disabled, a salutary reminder to provide care at the same standard that we would to any other patients. Iona Heath in the Back Pages condemns the government's response to the Royal Commission on Long Term Care of the Elderly in a stirring polemic.

Finally, Bruce Charlton's review of a collection of essays is a fine tribute to the wonderfully iconoclastic Petr Skrabanek, who challenged so much and made many doctors think very hard about what they used to do so often without any kind of questioning. As the review shows, one of the remarkable things about this man's life was the way he learnt so much fluency in English late in life, when he was stranded in Ireland as Russian tanks rolled into Prague in 1968. So good, in fact, that he used to lecture on Joyce when he was not slaughtering medical sacred cows. Charlton wishes he were still around to wield his rapier against some of the foolishness of today's NHS. 'Milton, thou shouldst be living at this hour.'

DAVID JEWELL
Editor

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published in the January issue.

Papers submitted for publication should not have been published before or be currently submitted to any other publisher. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is the preferred paper size. The first page should contain the title only. To assist in sending out papers blind to referees, the name(s) of author(s) (maximum of eight), degrees, position, town of residence, address for correspondence and acknowledgements should be on a sheet separate from the main text.

Original articles should normally be no longer than 2500 words, arranged in the usual order of summary, introduction, method, results, discussion and references. Letters to the editor should be brief — 400 words maximum — and should be typed in double spacing.

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Metric units, SI units and the 24-hour clock are preferred. Numerals up to nine should be spelt, 10 and over as figures. One decimal place should be given for percentages where baselines are 100 or greater. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the Journal. Their accuracy must be checked before submission. The figures, tables, legends and references should be on separate sheets of paper. If a questionnaire has been used in the study, a copy of it should be enclosed.

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