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Research papers this month

Who has access to your patients' records? A group from Bolton have raised this uncomfortable question again by presenting results from a patient questionnaire (page 901). Never mind their admission that the patients' expectations may not be consistent — according to the survey less than half think that your practice nurses should have access to the whole record, let alone the much lower figures for secretarial staff. There could be several different and suitable responses to this paper, but ignoring it is not one of them. Or perhaps it might be: in a large study of patients' perceptions of primary care from ten European countries, Grol *et al* found that patients were positive about records being kept confidential (what was this view based on?) as well as general practitioners' listening and the time they took (page 882). They were less positive about aspects of organisation, such as telephone access and waiting time. In the accompanying editorial, written from a North American perspective, Marie-Dominique Beaulieu is struck by the similarity of Europeans' expectations for primary care (page 860).

Those who think that guidelines and EBM are a blueprint for 'cookery book medicine' and the end to personalised medicine can take heart from two of the papers in this month's *Journal*. First, Cornwall and Scott show that guidelines for depression reveal wide variation in quality, with only two out of 15 coming up to the highest standard. (page 908) Next, Glyn Elwyn and his colleagues explore what skills doctors need to move themselves from a model of patient-centredness to shared decision making (page 892). Any who are mystified by the idea of any distinction between the two concepts should read this article to see whether their response of 'Surely this is what we are doing already?' is justified or not. The authors make a telling distinction between doctors' uncertainty and genuine equipoise. These two strands are brought together in Churchill *et al*'s survey of patients' treatment preference for depression (page 905). Counselling was preferred to antidepressants, especially where they had previous experience of counselling or other psychological treatment.

Pat Hoddinott was awarded the Boots/RCGP Research Paper of the Year award for her qualitative study of breast feeding mothers in the east end of London, published in the *BMJ* in January 1999. Her study in this month's *Journal* is complementary, attempting to identify those women who are more likely to have stopped breast feeding at three months postpartum and where professional or lay help might encourage more success (page 888). Or is there genuine equipoise here too?

Meanwhile, the responsibilities proliferate. The new genetics continues to fascinate, offering both huge rewards and major threats in terms of increasing uncertainty for patients and work for doctors. Mary Pierce's trial of different educational interventions for people at high risk of developing diabetes shows that those having the (albeit costly) education have a better understanding of their risks without any adverse effect on their sense of well being, at least in the short term (page 867). The authors conclude that there is benefit in giving clear information where uncertainty and its associated anxiety already exist.

Leading the Back Pages, Paul Davis picks out some of the pieces of the National Plan to bemoan the lack of recognition accorded to the skilled generalist doctors who are the foundation of the NHS (page 929). Whether you agree with his gloomy prognosis or not, he is surely absolutely right in diagnosing how little the mandarins and their masters really understand of the core nature of good general practice. Neville Goodman sounds an equally gloomy echo and a salutary jolt to enthusiasts for reform in arguing how little changes over time (page 943). His view is balanced by this month's Postcard, which applauds general practice for its ability to assimilate change, while pointing out how difficult it can be to manage change in a complex organisation like the NHS (page 932). So for a modicum of cheer turn to Nancy Loader's account of her successful passage through the MRCGP minefield (page 934), a true tale of triumph over adversity.

DAVID JEWELL
Editor

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INFORMATION FOR AUTHORS AND READERS

More detailed instructions are 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.

Illustrations should be used only when data cannot be expressed clearly in any other way. Graphs and other line drawings need not be submitted as finished artwork — rough drawings are sufficient, pro-vided they are clear and adequately annotated.

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.

Four copies of each article should be submitted and the author should keep a copy. Rejected manuscripts will be discarded after three months. Two copies of revised articles are sufficient. A covering letter should make it clear that the final manuscript has been seen and approved by all the authors.

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