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Editorial Office: 14 Princes Gate,
London SW7 1PU (Tel: 020 7581 3232,
Fax: 020 7584 6716).
E-mail: Journal@rcgp.org.uk
Internet home page:
<http://www.rcgp.org.uk>

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May Focus

*'A little learning is a dang'rous thing
Drink deep, or taste not the Pierian spring
For there shallow draughts intoxicate the brain
And drinking largely sobers us again.'*

Alexander Pope (1688–1744)

SOME of this month's papers echo Pope's famous (and often misquoted) verse. They should come with a health warning: Superficial reading may damage your understanding. At the same time there is another echo, of UK general practice 20 years ago when all seemed possible and we were looking around to take on more and more jobs. Should we be screening our patients for hearing loss? The Danish study on page 351 suggests not, but were they asking the right questions, and did the study go on long enough to give a really robust answer? (Familiar problem, this one.) The study of asthma sufferers from Dundee on page 361 will give some support to those who have felt instinctively that the disease changes in individuals over time. However, the data is complex and the tables repay careful study.

Elsewhere we are being encouraged to do more for patients with HIV infections (Singh *et al*, page 399) and, by implication, drug users (Oliver *et al*, page 394) where half of those dying in Sheffield in 1998 were not in any kind of treatment for their addiction and many were found to have a mixture of drugs, including both opiate metabolites and prescribed drugs. But take heart: Jez Thompson (page 391) is keen to correct our negative views of how difficult drug misusers are to look after and concludes they are no worse (or at least not much worse) than everyone else. Was he asking the right questions? We do need to set the boundaries to ensure our own health: in the Letters to the Editor on page 408, Jonathan Koffman reminds us of one large area where our habits are less than exemplary. On the other hand, we should not complain all the time of how difficult life is for us in the UK. Primary care may be the Cinderella of the NHS but, as Wens's letter on page 407 describes, primary care doctors in Belgium looking after patients with diabetes have more of a struggle

Curiosity corner: did you know that 30% of the practices in England are single-handed? (Khunti *et al*, page 356) And that the authors who searched the literature for guidelines on heart failure published between 1993 and 1999 found no fewer than 13 examples? Given what we now know about how little these influence clinical practice, this is truly a monument the unquenchable optimism in the human spirit. The reasons are many, but the very real difficulties of putting research findings into practice are clearly expressed in letters by Mike Thomas and Richard Gallow on page 406.

Before we get too carried away with the elegant empiricism of academic journals (for that is what we are) other material this month brings us up short. On page 417 in the Back Pages, Jim Cox describes the impact of Foot and Mouth Disease in Cumbria, and Glyn Elwyn, reviewing *Clinical Risk Management* on page 427, introduces readers to the concept of the HRO, or Highly Reliable Organisations. The Ministry of Agriculture, Farming and Fisheries (known now to all and sundry as MAFF) may not yet qualify. And neither, according to Glyn, does general practice.

Two other articles in this issue of the *BJGP* are more than arresting. On page 422, Rachel Hodgkin examines confidentiality, a core value in GMC terms, but a value we discard carelessly in our dealings with children. Vulnerable children cannot trust us for a moment, for we betray them.

And then there is the beautiful and moving essay by Pippa Murray on page 424, on the death of her son. Read and reflect.

DAVID JEWELL
Editor

ALEC LOGAN
Deputy Editor

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INFORMATION FOR AUTHORS AND READERS

These notes supercede those published in January 2000. The information is published in full in each January issue of the Journal They are also available on the RCGP website at <http://www.rcgp.org.uk/rcgp/journal/info/index.asp>

Original articles

All research articles should have a structured abstract of no more than 250 words. This should include: Background; Aim; Design of study; Setting; Methods; Results; Conclusion; Keywords. (Up to six keywords may be included, which should be MeSH headings as used in *Index Medicus*.) 'Where this piece fits'. Authors are asked to summarise, in no more than four sentences, what was known or believed on the topic before, and what this piece of research adds. **Main text.** Articles should follow the traditional format of introduction, methods, results and conclusion. The text can be up to 2500 words in length, excluding tables and up to six **tables or figures** are permitted in an article. **References** are presented in Vancouver style, with standard *Index Medicus* abbreviations for journal titles. Authors should try to limit the number of references to no more than 25. Authors submitting **randomised controlled trials** (RCTs) should follow the revised CONSORT guidelines. Guidance can be found at http://jama.ama-assn.org/info/auinst_trial.html or *JAMA* 2000; **283**: 131-132. Papers describing **qualitative research** should conform to the guidance set out in: Murphy E, R Dingwall, D Greatbatch, *et al.* Qualitative research methods in health technology assessment: an overview. *Health Technology Assessment* 1998; **2(16)**: 1-13.

Other articles

Brief reports

The guidance is the same as for original articles with the following exceptions: the summary need not be a structured abstract; Authors should limit themselves to no more than six references and one figure or table; and the word limit for the summary is 80 words and for the main text it is 800 words.

Reviews These are approximately 4000 words in length. They should be written according to the quality standards set by the Cochrane Database of Systematic Reviews. (www.update-software.com/ccweb/cochrane/hbook.htm).

Discussion papers

These are approximately 4000 words in length.

Case reports

Where possible, case reports should follow the evidence-based medicine format (Sackett DL, Richardson WS, Rosenberg W, Haynes RB. *Evidence-based medicine*. Edinburgh: Churchill Livingstone, 1997). They should be approximately 800 words in length, excluding references, and may include photos.

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Authors considering submitting an editorial should either contact the Editor via the *Journal* office or send in an outline for an opinion. Editorials should be up to 1200 words in length and have no more than 12 references.

Letters

Letters may contain data or case reports but in

any case should be no longer than 400 words.

The Back Pages

Viewpoints should be around 600 words and up to five references are permissible. **Essays** should be no more than 2000 words long. References should be limited to fewer than 20 in number whenever possible. **Personal Views** should be approximately 400 words long; contributors may include one or two references if appropriate. The *Journal* publishes five regular columnists and we rotate these periodically. **News** items have a word limit of 200-400 words per item. **Digest** publishes reviews of almost anything from academe, through art and architecture.

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