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August Focus

THE man credited with the creation of the NHS, Nye Bevan, once described how as a boy growing up in a small Welsh town a local councillor was pointed out to him: 'There goes the councillor. He's a really important man.' So Bevan decided to become a councillor. But when he got to the town council, he discovered the real power was in the county council, and when he got there he discovered it was in parliament. History does not record where he thought power lay once he became Minister of Health. General practitioners in the United Kingdom seem to feel that power is elsewhere, but perhaps the people they see as having power feel the same.

A qualitative study by Marshall *et al* on page 341 looks at a phrase beloved of our political masters: 'the culture of the NHS'. Here the major barriers were the traditional autonomy of general practice, and the constraints of the political system demanding rapid change. What managers understand about the culture of general practice is, perhaps predictably, related to the willingness of clinicians to engage with a mangement-set agenda. In the accompanying editorial on page 319 Cecil Helman takes a broader view, where managers are only one of a set of new players in the relationship between doctors and patients. The same tension between managing the services better and respecting the autonomy of general practice surfaces again, at the end of a study of admissions to community hospitals by Grant and Dowell on page 328. The authors here caution that better management could reduce the 'enthusiasm and professional satisfaction that currently maintains this work.' The feeling of powerlessness may be felt, above all, by patients in their encounters with doctors. Thank goodness that this too is being addressed in programmes and initiatives to encourage patient participation, as described in our ongoing series by Patricia Wilkie in the Back Pages on page 391.

Practitioners retain their power by looking beyond the immediate political agenda to a longer tradition. On page 394 the ethical quartet continues with an exploration of a very ancient concept, the virtuous physician. Readers will be gratified to discover that this ideal does not condemn them to a life of puritanical self-denial. On page 363 Wendy Rogers uses ethical principles to judge the value (and virtue) of clinical guidelines, and on 377 two letters respond to a previous article on child protection, to remind us of the harm that our attempts at protection can cause.

How should such power be used? From the evidence in this month's BJGP, the conclusion would be that primary care is most valuable when it concentrates on the local and the small scale. For a bit of encouragement there is the paper by Steve Iliffe and co-workers on page 346, where practices were able to introduce changes they had chosen with the help of academic support. On page 398 John Frey reviews Nat Wright's book on homelessness. The review is truly inspirational, paying a generous tribute to Nat Wright's PMS work with the homeless population of Leeds. This alone is a powerful argument in favour of the PMS scheme, and a reminder that outside observers can sometimes see the good in our health care system that we ignore. Besides, it simply gives us much-needed encouragement, something to lift the spirit out of our customary pessimism.

DAVID JEWELL
Editor

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Letters may contain data or case reports but in any case should be no longer than 400 words.

The Back Pages
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