

Editor

David Jewell, BA, MB BChir, MRCP
Bristol

Deputy Editor

Alec Logan, FRCGP
Motherwell

Journal Manager

Lorraine Law, BSc

Assistant Editor

Soma Goswami, MSc, B Ed

Advertising Executive

Brenda Laurent

Advertising Sales Executive

Peter Wright

Design

Layne Milner

Editorial Board

Mayur Lakhani, FRCGP
Loughborough

David R Hannay, MD, PhD, FRCGP,
FFPHM

Newton Stewart

Ann Jacoby, PhD
Liverpool

Ann-Louise Kinmonth, MSc, MD,
FRCP, FRCGP
Cambridge

Tom C O'Dowd, MD, FRCGP
Dublin

Tim Peters, PhD
Bristol

Surinder Singh, BM, MSc, MRCP
London

Blair Smith, MD, MEd, MRCP
Aberdeen

Lindsay F P Smith, MCLinSci, MD, MRCP,
FRCGP
Somerset

Ross J Taylor, MD, FRCPE, FRCGP
Aberdeen

Theo Verheij, MD, PhD
Utrecht, The Netherlands

John F Wilmot, FRCGP
Warwick



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>

Published by The Royal College of
General Practitioners, 14 Princes Gate,
London SW7 1PU.
Printed in Great Britain by
Hillprint Ltd, Prime House, Park 2000,
Heighington Lane Business Park, Newton
Aycliffe, Co. Durham DL5 6AR.

February Focus

ONE of the delights of primary care is its promiscuous ability to borrow or steal the skills and perspectives from a wide variety of different intellectual disciplines. The image is one of a pre-Blair 'big tent' (a different metaphor from the one discussed on page 171). The latest idea to impinge on our consciousness from the world of the humanities is that of narrative. Like me, the more reductionist readers might dismiss it as merely patient-centred medicine writ large, but John Launer on page 91 argues that it is much more, itself drawing on other disciplines.

What do the narratives in this month's *BJGP* tell us? Collectively, there is a ring of truth in the way that they reflect the variety of roles that general practitioners have to undertake. The principle of providing care in physical, psychological and social dimensions has been accepted for many years, but the reality of its need emerges from the review of stroke care on page 137. The review suggests that the service continues to pay insufficient attention to the psychological and social elements, and poses a challenge to anyone considering primary care for patients recovering from strokes. As a rare example of a review of qualitative literature it's also a collector's item, and worth reading at the very least to appreciate how the authors have summarised the literature. We have doctors as prescribers on page 120, looking at attitudes towards new drugs. In the picture it paints of the influences pulling decisions in different directions, it too is likely to present a credible reality to clinicians. It even presents us with what feels like a fundamental truism. The responders tended to describe themselves as conservative prescribers, however willing they were to use new drugs, as if they all felt that conservatism in doctors was a virtue welcomed by doctors and patients alike.

One role that some general practitioners feel we have wished on us is of sorting out the messes created by the much more powerful hobgoblins stalking the land. So here we have doctors mounting a (successful) programme within routine practice to get patients to stop smoking (page 101) and a depressing account of the way that the origins of type 2 diabetes begin with inactivity and increasing weight (page 168). This latter makes for very sobering reading when combined with the recent data on increasing overweight in younger age groups.

There are doctors in a familiar role as managers, desperately trying to keep up with the reorganisations and developments swirling around. On page 113, a study of nursing homes discusses the ways in which doctors and homes have come up with different solutions to the additional workload. The paper points out how unsatisfactory it is to have so many different answers; when the home pays a retainer to a doctor the cost is passed on to the residents so that they finish up effectively paying a fee for NHS care. There is a whisper of hope from a group who are trying to adapt the skills of cognitive behavioural therapy to the more urgent timetable of general practice on page 133 (before anyone rushes to correct me, I do realise that none of the investigators here are doctors, but please don't let that spoil this particular narrative). And all of us who feel that, compared with our hospital colleagues, we are the poor relations of the NHS should read the outpouring of spleen on page 173 that gives us an insight into the difficulties they face.

Then there are doctors as teachers, with Jacky Hayden's William Pickles lecture extolling the virtues of education to encourage patient centredness among doctors in training (page 143). Mustn't overdo it, though — as the trainer taking a swipe at the video component of our postgraduate exams points out on page 163. Sometimes our patients do simply want to be told, and then we are free to indulge our instincts and dust off the role of crusty old authority figure.

DAVID JEWELL
Editor

© *British Journal of General Practice*, 2003, **53**, 89-93.