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THE *BJGP* is published by the Royal College of General Practitioners, but has editorial freedom, which is why we sometimes remind readers: 'The opinions expressed here are those of the author and do not reflect those of the RCGP'. This doesn't stop all the complaints when, as with the recent editorial by Allyson Pollock, we seem to be taking a more independent line. The position is absolutely clear. It is not our job to act as the college's mouthpiece or cheerleader.

And that brings us to some unusual cheerleading. On page 658, Igor Švab describes the value to general practice in Ljubljana of hosting the recent WONCA Europe meeting. For those of us lucky enough to have gone it was a very enjoyable, successful conference, with the added bonus of discovering both the delightful city and its presiding genius, Joze Plecnik — see page 668. Such international meetings can reveal the privileged position of GPs in the UK compared with many other countries. Igor Švab, for instance, goes on to explain how few GPs Slovenia has for its two million inhabitants. The RCGP can claim much of the credit for the status general practice enjoys in the UK, and while we all like to throw brick bats, there is no denying its genuine achievements.

The WONCA meeting answered one of life's riddles. Dan Ostegaard gave a riveting keynote address on a major project in the USA to transform family medicine into a specialty (for details go to www.futurefamilymed.org). He explained that when the term 'family medicine' was invented, there were many doctors in the US, without postgraduate family medicine training, describing themselves as GPs. When the importance of specialist training was being promoted, there was a need to distinguish those who had been trained from those who hadn't, and so a new term was invented. Now that there are fewer untrained primary care generalist doctors, they are thinking of reverting to the term GP. The patients seem to understand it better, even now. How ironic then that they should be considering this even as we may be abandoning some of the core principles of general practice, according to David Hannay on page 669

Family doctoring gets some tangential attention in this month's journal. On page 626, there is an exploration of the ways doctors handle their uncertainty when faced with possible meningitis, and the need to address the families' fears. On page 632, a study of the long-term prognosis of individuals affected by spina bifida sets out to provide information to help doctors to advise patients' families of the likely prognosis. This paper is also a heartening reminder of the ability of patients with major disability to lead full lives. Then there is another qualitative study on page 614, interviewing women who have completed the Edinburgh Postnatal Depression Scale (EPDS) to identify those with postnatal depression. It shows how easily the programme, enthusiastically introduced in many areas of the UK, can be subverted when women don't want to reveal their distress to professionals. In the linked editorial on page 596, Margaret Oates points to the added possibility that it is administered too late, after the time the most serious depression presents, with the risk of serious morbidity.

On page 660, Bob Simpson discusses how the modern world has fragmented the idea of fatherhood into three components: legal, social and biological. He concludes: 'Children are best served by relationships that they have on a day-to-day basis and we would do well to celebrate the ways that men might have a positive presence in children's lives'. Relationships govern every aspect of our professional lives as well and working relationships with pharmacists are explored on page 600. Here, some familiar suspicions are aired. In the leader on page 594, Sue Ambler argues that these will only be allayed by better personal relationships, but these will be made more difficult by the increasing casualisation of the pharmacy workforce.

Finally, a riddle for the readers. 'X impairs concentration, short-term memory, attention and rational thought, it impairs driving and piloting skills ... Larger amounts ... can produce anxiety and depression, psychotic states lasting several days and an increased risk of developing schizophrenia.' X turns out not to be alcohol, but the drug many of us thought was fairly harmless — cannabis. On page 598, Clare Gerada explains why this view belongs to the nostalgic, spliff-affected 1960s. Today's cannabis is more potent and harmful, so we need to take a more realistic view of what it can do.

DAVID JEWELL
Editor

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