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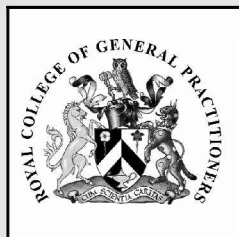
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December Focus

It is said that Napoleon, when appointing a new marshal, would ask: 'Ah, but is he lucky?' On page 960 Michael Weingarten explores the components of luck and how much it contributes to success or failure. In case anyone imagines that he is describing the purely random effects of chance, he is concerned with the extent that we can all minimise the potentially harmful effects of bad luck and so make a difference to our patients' lives. In other words, the extent to which we can make our own luck, as one suspects Napoleon thought of his marshals. Similarly, Mike Pringle, in last year's Mackenzie lecture on page 963, uses the image of 'A dog's life' to describe the potential of our lives: at one extreme security and respect, at the other abuse and distrust, from both political masters and patients, although patients too have been leading a dog's life of late. The problems facing the UK's health service are seen to be a degradation of human and physical capital, but also social capital.

The overall tone of this month's *BJGP* is one of frustration, echoing in detail the broad sweep of Mike Pringle's lecture, while at the same time reminding us that the problem is not unique to the UK. There is so much more we could do if the service were better resourced. On page 934 an account of a major effort involving more than 600 practices in The Netherlands concludes that their intervention was able to '... improve the structure, and to some extent the process of preventive cardiovascular care when applied on a nationwide scale'. However '... income policy and workload of the care providers can block the adoption of evidence-based medicine'. Time was one of the constraints in a study on page 947 looking at the problems of making health care available for younger patients. Here the authors also felt that lack of time and the opportunity to develop skills led to a lack of confidence among professionals when dealing with younger patients. Lack of confidence seemed to inhibit the doctors questioned about their responsibility for providing spiritual care to patients with life-threatening illness (page 957). Overall, they felt that they should be providing spiritual care, although many were in some doubt how to provide it, or how to raise the subject. Frustration of a different sort surfaces in the very honest discussion section of a study trying to increase doctors' diagnosis of somatisation on page 917. The leader on page 914 points out that such studies are always going to be difficult until there is more consistent terminology for describing all the different, and very familiar, ways in which somatisation manifests itself. More hopeful is the attempt to use cognitive behaviour therapy (CBT) to reduce patients' dependence on hypnotics — it seemed to work pretty well (page 923). But why is CBT taught as a technique dealing with a specific problem, rather than as a generic skill to be applied from first principles? And why is the training so long? Although, in this example the training does seem to have been shorter than usual. Looking to the future, Rhyddian Hapgood on page 915 explores the opportunities for prediction that the new genetics will open up, and some of the questions that will follow. Once again it looks as if doctors will need more time, but some of the questions demand wider debate, particularly concerning the relationship between patients, doctors and the pharmaceutical industry. One intriguing piece of information pulled me up short: that up to 35% of people with ischaemic heart disease do not respond to statins (but maybe I should have known this before). This on a day that Bandalier tried to estimate the cost of prescribed drugs not being taken: somewhere between £700 million and £2 billion for England. Some of Hapgood's questions will be susceptible to economic analysis, but as David Kernick's letter on page 970 points out, this too has major limitations.

As in previous December issues, we are publishing on page 996 a short story translated by Iain Bamforth. The story itself is riveting, but scarcely less amazing is the appalling story of its author, Ernst Weiss. Someone who certainly didn't have any luck, although to express it in such mild terms is bathos indeed. Closer to home, and apparently an example of sheer bad luck is Michael Archer's painful account of a recent appraisal on page 982.

Aspiring writers should note two small items: an invitation from Alec Logan to apply to become one of our regular columnists (page 1000), and another to join the Society for Medical Writers (page 985).

DAVID JEWELL
Editor

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