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February Focus

RADIO 4's 'Today' programme recently trumpeted a new piece of research. They reported that many individuals are willing to take days off sick even when (shock, horror) they aren't really ill. Why was the Today programme, or any listener in the slightest bit surprised? The Queensland patient Jill Thistlethwaite describes on page 160 saw immediately that this results directly from the rules. The rules are based on a beautiful fantasy, that there is a clear dividing line between health and illness, recognised by both patients and doctors with, naturally, no disagreement between them. A world of perfect order policed by tidy-minded doctors. Once again the nation listened, amused or appalled, to a story revealing the real chaos just under the surface. The study of sickness absence on page 86 reveals where some of the orderliness breaks down: musculoskeletal problems featured largely, but mild mental illness, a slippery concept at best, was the commonest reason for sickness absence, now accounting for 40% of certified sickness. Stress featured largely among this group — again a vague category, but invaluable since it implies that somebody else may be to blame, presumably the employers.

David Metcalfe, the former professor of general practice in Manchester, pointed out many years ago that general practitioners naturally occupy the space between the hard-edged, orderly world of the hospital and the messy world of our patients. Blair Smith doesn't like the stereotypes of different occupational groups in medicine (page 154), but this one might just be acceptable. We all, I suspect, want to impose order on the world around us, but the chaos keeps breaking in. Technology gives an illusion of precision, for instance with newer digital sphygmomanometers (page 137). But our undergraduate education also contributes to the illusion, with the emphasis on scientific certainties at the cellular level (page 149). Order does exist: doctors seem to be paying attention to the guidelines coming from NICE, at least in Devon (page 103). It felt as if most of the guidelines being tested were not particularly difficult to follow, but the amount of detail that the respondents remembered was impressive. The team in Sheffield managed to help doctors improve their referral letters with a simple intervention (page 123). Both of these papers are slightly unusual, since they show success in areas where the evidence has, up until now, been mostly negative.

But while we are dealing with individuals the order will go on breaking down. Their preferences may be influencing the results of research (page 93), although this is another area where the evidence is mixed. They have their own ideas about what constitutes a cure for coughs and colds (page 98); here one of the difficulties seemed to be the different ways doctors and patients use language. The authors in this paper warn us not to be too vigorous when we disagree with the lay belief system. Even the basic disciplines of medicine have something about them of the same process. Making a diagnosis is surely an attempt to make patients' suffering more predictable and less capricious. New diagnoses, such as post-traumatic stress disorder (page 83) are created to encourage better understanding of patients whose problem doesn't fit neatly with an existing category, but as the editorial points out the boundaries are often fuzzy. And then there are appointment systems, an example if ever there was one of our collective attempts to impose order on chaos. Here the chaos persists as missed appointments, and the study on page 108 is a fascinating account of the reactions of practice staff and doctors. The receptionists suggested various ways for discouraging deviant behaviour from patients, but the doctors were predictably unwilling to become too confrontational. Finally, for chaos with very little sense of order, turn to the harrowing account of dealing with asylum seekers on page 150.

The late John Diamond, who wrote so movingly about his experiences with throat cancer, used to get angry with alternative medicine. His credo was 'There is no alternative medicine, there's only medicine that works and medicine that doesn't'. Edzard Ernst on page 82 is in the same camp, challenging us all to put ourselves in a position where we are able to advise patients about the use of herbal remedies that work.

DAVID JEWELL
Editor

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