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April Focus

GENERAL practitioners in the United Kingdom (UK) will not need reminding that 1 April brings them a new contract. We've covered this topic a couple of times in the past, and it's back again this month on page 320, with a gloomy prophecy from Iona Heath. Any observers of primary care in different countries will have been struck by the way that the structure reflects the culture in which it operates. Here in the UK the basic structure of the NHS is an expression of the immediate post-war consensus that produced the 1945 Labour government and the welfare state. For some years that consensus has felt much less secure; it is sustained with more confidence in countries with stronger traditions of socialism, such as Denmark. Even so, the holy grail of spending money to improve the health of the population so that in the long run the whole system will cost less, continues to exert a powerful grip on the body politic, as Mike Fitzpatrick points out on page 317. In this case, the culture determining the new contract is the belief in sound management, the logical conclusion of the process begun under Margaret Thatcher's premiership with the Griffiths report. In a radio programme a few years later, the late and much respected Sir Douglas Black made the immortal remark 'If you ask a manager to tell you what's wrong with the health service, you shouldn't be surprised if he tells you that it needs more managers.' (The cultured Mary Goldring, conducting the interview, replied 'Oh, you're just an old cynic, aren't you?' to which he replied 'No, I'm a young cynic' — the joke sounds better in Sir Douglas's clipped Scottish tones.) The contract represents a big organisational change for us all here and is likely to be a strong driver of future research for the next few years. So, with apologies to the *BJGP*'s readers outside the UK, who have no interest in the seismic shifts that we inflict on the NHS every few years, this one will run and run.

By chance, the research papers this month avoid all such parochial concerns and deal with universal questions. First there are papers dealing with the worrying rise in suicide rates among young men. Two papers on page 254 and page 279, look at contacts with primary care prior to suicide and come up with results that are remarkably consistent. Some men did attend their GPs in the months before suicide, but few did so in the month immediately preceding the suicide. Even more surprising, in view of the conventional wisdom, of those who attended their GPs in their last month, and who were thought in retrospect to have mental illness, most had their mental illness both identified and treated by their GPs. Looking at the denominator on page 248, Biddle and colleagues provide some data on the illness behaviour of young men with mental health symptoms. Men were much less likely to contact their GPs at the same level of mental distress than women (but neither were very likely). 'Even when they perceived themselves as having a mental health problem, most did not seek help.' In the editorial on page 242, Tylee and Walters use a familiar model of health behaviour to show quite why simple interventions to reduce suicide rates among young men are likely to fail.

Then there is screening. Here too one can detect a trajectory, from the optimism that various programmes would be able to prevent many different diseases, predominantly cancers, to the much more cautious approach that exists today. The current thinking is set out in a review on page 292 by Gray. The reasons for caution are illustrated by the leader on page 245, showing how difficult it is to draw clear and helpful conclusions from the published data on, in this case, screening for colorectal cancer. We'll probably get back to thinking about giving advice to individuals about their own personal risks and benefits, taking factors such as family history into account. Using GP records to identify high-risk individuals is an idea tested on page 267.

If all that is too much gloom, turn to Edzard Ernst's piece on page 316 where he reminds general practitioners of the work that shows quite how much of what goes on in general practice can be based on sound evidence, and puts forward a provocative suggestion as to why the answer is so often overlooked.

DAVID JEWELL
Editor