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# *July Focus*

'What's a GP worth?' asks Dougal Jeffries at the end of this month's *BJGP* (page 568). In passing, it's worth emphasising that, according to him, we can add New Zealand to the list of countries where the GPs don't appear to fare any better than they do here. Dougal could be a model for a Bateman cartoon: the GP who thought he was earning enough money, thank you very much. But the article also, and unwittingly, poses a riddle: if the pay and conditions are that good, why are we finding the vacant posts so difficult to fill?

The obvious answer is that it's not the pay but the work. As in the past, the research content this month reflects the range of primary care, how much we do already and how much more we might be asked to take on in the future. For 'what we do already' there are two surveys of the extent and disability associated with irritable bowel syndrome (IBS), on pages 495 and 503. They are consistent, repeating that the condition is very common, causes a lot of misery, and is very often managed exclusively in primary care. The study from Scotland (page 503) also suggests that the patients being looked after exclusively in primary care have just as severe problems as those whose care is shared with hospital doctors. In the leader on page 490, Roger Jones holds out the promise of new drugs where the pharmacology is based on the latest neurophysiological research into IBS. Any readers who despair at learning the names of these strange sounding drugs should turn to Jeff Aronson on page 559, who shines a light on the naming of drugs, in this case monoclonal antibodies. With apologies to TS Eliot:

*The naming of drugs is a difficult matter,*
*It isn't just one of your holiday games;*

The problems around MMR vaccination rumble on. Two further papers on page 520 and page 526 confirm earlier findings that parents continue to struggle to weigh up the seriousness of the diseases, and the perceived benefits and risks of the vaccination. There is distrust of official science; parents draw on their own experience, and that of close friends. Doctors and health visitors are seen as trusted information sources, but their independence is felt to be compromised. We might wish that public information campaigns could solve the problem and relieve us of the task, but the editorial on page 493 explains why simple public messages are unlikely to succeed.

Once all of that is sorted out we can take on the new challenges. On page 531, primary care staff are asked whether they think they should take on the challenge of preventing type 2 diabetes by identifying and treating impaired glucose tolerance. On page 508 there is a similar study exploring the difficulties of taking on the chlamydia problem. They include knowing when to raise the problem and the skills of contact tracing. The need for such skills is emphasised by the survey of sex workers on page 515, who also saw their GPs as the main source of care. Of those who had consulted their own GPs, many had not disclosed the nature of their work. No surprises there, then, and they have no reason to feel they should make life easy for us. The needs of this vulnerable group are described on page 556, and in Leeds there is a project running to support and care for them. Sounds imaginative and inspired, but it won't, and isn't intended to, displace standard primary care. Jenny Wilson discusses the health and financial consequences of family breakdown on page 558. She is not advocating that we should be taking on responsibilities for dealing with all of this unhappiness, but she does point out how often it comes to meet us anyway.

It would help to be able to draw clear lines around our area of expertise and learn to say 'no' to all the ills that fall outside it. On page 557, Mike Fitzpatrick argues vehemently that we should not allow ourselves to be sucked into the agenda surrounding what he calls 'the obesity propaganda'. I fear, however, that this is a doomed wish. Choosing to work in primary care amounts to an agreement to let others define the agenda.

DAVID JEWELL
*Editor*