doctors is more likely to be attractive and so recruit and keep more and better staff.
- About 80% of NHS resources are spent on patients in their last 6 months of life.
- A very good football player will aim for the reserves at Arsenal, Chelsea, or Manchester United sooner than accept first team regularity at Norwich or Portsmouth.

To those that have, more shall be given. No organisation seems to be immune to the workings of this principle. We can protest against it, but those using it will carry on powering ahead anyway. The question comes as to how we start to use it to improve the lives of everyone in our society. The concepts of tipping points and critical masses need to be understood. The recent attention to the concept of lifetime trajectory observation is a hopeful sign of this developing in our thinking.

There seems to be no political will, or available mechanism, to counteract the workings of the 80/20 principle. Perhaps instead it is time that we learnt to go with this rule?

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REFERENCES

1. Tudor-Hart JT. The inverse care law. *Lancet* 1971; **1:** 405–412.
2. Tudor-Hart JT. *A new kind of doctor.* London: Merlin Press, 1988.
3. Tudor-Hart JT. Inverse and positive care laws. *Br J Gen Pract* 2004; **54:** 890.
4. Wilber JA, Barrow JG. Hypertension — a community problem. *Am J Med* 1972; **52(5):** 653–663.
5. Koch R. *The 80/20 principle: the secret of achieving more with less.* London: Nicholas Brearley Publishing, 1997.

Mis-manage-meant

Charlotte Williamson doubts whether we should continue to 'manage' patients.[1] At first I thought the offence was the perceived gender specificity, with her preferring the term 'personage' but I soon realised it was merely political correctness raising its head again. 'Personage' is an archaic term for an important or distinguished person (for we are all distinguished in our own way), so she will no doubt be in favour of such a description for patients. I have, of course, introduced another debated term: 'patients'. In these equal but patient-centred partnerships, who are we to manage 'patients'? We should be:

> *'Entering, as equals, into due discourse, at our mutual convenience, with mutual respect, for our mutual wellbeing, ensuring that we are left mutually feeling, and being, improved medically, physically, spiritually and socially'.*

(Well, it was the woolliest mission statement I could come up with!) Perhaps 'mutual' should be banned from the language, certainly when used as nauseatingly.

Let's abandon this ongoing debate about words or terms that may be outdated or just might appear condescending, imply passivity, or suggest superiority in knowledge or experience. I, for one, am going to continue to 'manage' and treat my patients. But with increasing bureaucracy, performance review, and now semantics I might not be able to manage at all.

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REFERENCES

1. Williamson C. Managing patients. [letter] *Br J Gen Pract* 2004; **54:** 870.

The politics of phraseology

I was sorry to see another example of an innocent phrase being subjected to political analysis and thought of as suspicious of unacceptable medical professional attitudes. Of course 'managing patients'[1] can be interpreted as doctors acting patronisingly, but almost any form of words can be so misjudged if the reader wishes to see inherent political bias therein. Perhaps 'managing the illnesses of patients in a democratic partnership style' would grate less in today's highly charged correctness climate, but what a portentous phrase. How many more well motivated descriptions must be changed before patient liaison groups are satisfied that doctors are actually trying to help patients rather than to exert power over them?

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REFERENCES

1. Williamson C. Managing patients. [letter] *Br J Gen Pract* 2004; **54:** 870.

Correction

Frequency of consultations and general practitioner recognition of psychological symptoms. *Br J Gen Pract* 2004; **54:** 838–842.

The author is The MaGPIe Research Group. The details about authorship are as follows:

The MaGPIe (Mental Health and General Practice Investigation) research group consists of a management committee and an advisory committee. The management committee that undertook day-to-day oversight and management of this study consisted of John Bushnell (JB), Deborah McLeod, Anthony Dowell, Clare Salmond, and Stella Ramage. The advisory committee consisted of Sunny Collings, Pete Ellis, Marjan Kljakovic, and Lynn McBain. Members of both committees were involved in the detailed planning of the study and have reviewed this paper. JB drafted the paper and is the corresponding author.

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