teachers use a skills-based approach to facilitate learning. We tend to speak of consultation skills, often forgetting the important aspects of knowing what to do (knowledge) and the manner in which to do it (attitude) as well as how to do it (skill). The domains are not independent and more recently educationalists are thinking in terms of roles or competences. For successful completion of a task or role, different aspects of medical competence have to be integrated.[2] Thus, as Skelton concludes, we also need to think outside the narrow limits of 'skills' and consider our trainees' professional attitudes as well.

To some extent this is happening within medical schools which include modules called 'Personal and Professional Development' or similar. These courses integrate learning about communication/ consultation with other aspects of professional competence, such as interprofessional teamwork, reflective practice and management. However, the integration is not always successful as timetables listing 'communications skills' and 'working in teams' suggest.

Laurence Olivier, on the set of the film 'Marathon Man' is reported to have advised his co-star, and exponent of method acting, Dustin Hoffman 'to just act' rather than try to immerse himself totally in character. Acting may thus be seen to be reduced to technical skills. Is communication solely a set of skills or should we expect more? Or to put the question another way: are underlying attitudes important if observed behaviour with patients and peers is acceptable? We know that attitudes may be inferred from behaviour but correlation between observed behaviour and attitudes is not always high.[3] If we learn the techniques of 'patient-centred' consulting and demonstrating empathy without really liking patients or agreeing with patient partnership is this a problem? If our assessments rate such behaviour highly and assessment drives learning, perhaps we do not need to soul-search too much. Or do we?

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2. Schuwirth LWT, van der Vleuten C. Changing education, changing assessment, changing research? *Med Educ* 2004; **38**: 805–812.
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The duty to die cheaply

In the December 2004 issue you publish a piece by Peter Goldsworthy,[1] 'The duty to die cheaply'. Maybe it was meant to be funny, but I was not amused. On the contrary, the picture of a professional man, a GP to boot, drinking himself to incapacity and making a fool of himself was disgusting. I think the only people who would find such a story amusing are those who split their sides laughing when they see somebody drop his trousers. An article like this has no place in a medical journal.

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Editor's response

Thank you for commenting in forceful terms about the Peter Goldsworthy short story we published in December. We always value feedback even when, as in this case, you are not best pleased with our efforts.

I don't agree however either with your comment that such a piece has no place in a medical journal, nor with your specific criticisms re Goldsworthy. As to the former point, what sort of material does have a place in a medical journal? In my view a medical journal has to encompass more than dry academe, and we can all learn and reflect from a wide range of material — polemic, fiction, personal reflection, the visual arts, music, poetry, etc. This is more true perhaps of a medical journal where the medicine happens to be general practice. In general practice, surely, all of life is there, including the warty nasty desanitised bits. With regard to Goldsworthy, his story does have a certain dark mordant wit, but I don't think that we are expected to laugh at our colleague's behaviour. We are repelled by his performance, we cringe, although we also know that doctors do behave disgracefully on occasions. This story forces us to look at ourselves, in my view. It is also a superb piece of short story writing technically — austere, every word counting, drawing the reader along (I take it that you made it to the end?). In my view the *BJGP* has performed a service in bringing Goldsworthy's work to a wider readership.

I may not convince you, but c'est la vie — a lively debate about what the *BJGP* does is always welcome!

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Correction

Oakeshott P, Kerry S, Dean S and Cappuccio, F. Nurse-led management of hypertension. *Br J Gen Pract* 2005; **55**: 53. The following forest plot accompanies the letter.