

ENORMITY

English gains and loses words all the time. It's easy to see where new words come from. We find or invent a thing or idea and need a word. When a thing or idea is discarded or falls into disuse, the word still exists, but dictionaries eventually label it archaic. 'Governance' was just such a word, until it was resurrected by big business for 'corporate governance', and then purloined by the NHS for 'clinical governance', a phrase famously described by one of my colleagues as 'impossible to translate into any other language, including English'.

More interesting are words lost by misuse. Dictionaries record usage; they are descriptive not prescriptive. If a word is misused often enough by enough people, then its meaning will change. If the word is useful, those who care about words will try to prevent the change, but eventually it is more important that those who are careful with their words adjust to the new meaning. 'Parameter' has been so abused that it is now, in common speech, entirely devoid of meaning, which has to be inferred from its context. What are the parameters of health care? It depends — although the commonest (but technically incorrect) meaning is limits.

Only in the interaction of mathematics with other sciences is the loss of the proper meaning of parameter important. 'Disinterested' is more serious. The first meaning of disinterested is *not* uninterested, which is its most common usage, but impartial. A judge should be disinterested but not uninterested, but how many people reading of a disinterested judge would worry rather than applaud? Disinterested is a lost word. Careful people should now use 'impartial' or 'unbiased'.

But at least disinterested has synonyms. 'Enormity' has none, and the loss of the word is a real loss. Enormity is not the noun corresponding to enormous; an enormity is a dreadful criminal or immoral act. After the Indian Ocean tsunami, many commentators spoke or wrote of people's shock at its enormity. The disaster caused massive and terrible loss of life, and even more of homes and livelihoods, but enormity does not apply. Enormity cannot apply to random acts of nature, however terrible. We have our own example of enormity: Harold Shipman. But, more or less coincidentally with the tsunami, we have a reminder of the worst of enormities: Auschwitz, which was liberated 60 years ago. It is a shame that we are in danger of losing a word that allows us, in a word, to express not just the horror, but the scale of the horror, and the human responsibility for it.

this adult relationship that we had in that year, because they can't do it. They can't even work without being supervised in hospital. It would be cruel of us to ask them to leap into that place.'

What sorts of current working relationships do other trainers and their registrars recognise — and what should we aspire to as their educational mentors? The GP training year has evolved from a traditional apprenticeship, focused on practice-based skills, to contain the obligatory, externally imposed hurdles of Summative Assessment. GP Registrars now may never become a partner, deliver a baby or visit out of hours, but will need to perform to an elaborate quality agenda and succeed with lifelong learning via appraisal and revalidation. Faced with these requirements, how will trainer-registrar relationships mutate further in the new millenium?

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REFERENCE

1. Pereira Gray D. *Training for general practice*. Plymouth: Macdonald and Evans, 1982.

7 March

Towards Even Better General Practice Course

Cumberland Lodge, Windsor

Contact: Sue Daniel

E-mail: tvalley@rcgp.org.uk

Tel: 01628 674014

8 March

Getting it Right: challenging behaviours in teenagers in general practice

RCGP, Princes Gate, London

Contact: Nikki Whitelock

E-mail: nwhitelock@rcgp.org.uk

Tel: 020 7344 3124

9 March

Like Minds Network Meeting
Priory Hospital Roehampton, London

Contact: Fiona van Zwanenberg

E-mail: fvanzwanenberg@rcgp.org.uk

Tel: 0207 344 3116

15 March

Developing the future of e-Learning in primary care: responding to the challenge

RCGP, Princes Gate, London

Contact: Nikki Whitelock

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Tel: 0207 344 3124

17 March

Dermatology in Clinical Practice Course — Module 2

The Woodlands Conference Centre, Chorley

Contact: Jackie Dartnell

E-mail: jdartnell@rcgp.org.uk

Tel: 01925 662351

18 March

Consultation Skills Seminar for MAP/MRCGP exam candidates
Bodington Hall, Leeds

Contact: Amanda Lakin

E-mail: yorkshire@rcgp.org.uk

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