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May Focus

It's time for the *BJGP* to come out of the closet. We have a list of words that are banned, or rather strongly discouraged. These are not the ugly neologisms of modern speech, such as 'appraisee' or 'fit for purpose', which we try to keep out of the Journal anyway. They are the words like the Prime Minister's 'modernisation', intended to elicit approval (or opprobrium) in the hearer without having to explain what, precisely, they mean. In February's *BJGP* Josh Freeman wrote about the multiple understandings of 'holism', which practitioners use when they want to lay claim to the moral high ground of good medicine. In the letter on page 393, responding to the trial reported in March's *BJGP*, Moore and colleagues talk about a 'medicalising effect'. 'Medicalising' isn't ambiguous: it's the process whereby something that might otherwise be thought of as simply part of the human condition is turned into a medical matter. A recent example is discussed on page 406, in a review of *Prozac as a Way of Life*. The worry is the way we equate 'it's a medical problem' with 'taking it the doctor'. Getting people to treat their own sore throats, with or without a trip to the pharmacist, rather than come to a doctor, may be a good idea, but they may not see the problem as any less of a medical problem. So 'medicalise' is out, too.

Then (the last in this list for now) there is 'empower'. Depending on the standpoint of the speaker, it can mean encouraging patients to exercise power either to look after themselves, and stay away, or to come more and demand a better deal from the health services. The dilemma came to mind with the study of black Caribbean patients and hypertension on page 357. The paper describes the way patients follow doctors' advice, or mix conventional and traditional remedies with a more relaxed view of adherence. Some felt 'empowered' (my word, not the authors') to respond to their symptoms when deciding whether or not to take their prescribed treatment. The variety of experience among different ethnic groups is explored on page 351. Here, a group of Vietnamese patients in a London practice reported very positive experiences from the practice. However, the study also discovered that they had low expectations of what the service was going to be. As the authors state: 'A lower expectation is easier to fulfil.' The uncomfortable thought jumps out, that this is how doctors in the UK continue to get such high popularity ratings. The reputation of the NHS as a whole is poor, talked down by press, professionals, and patients alike. So everyone has low expectations, and is pleasantly surprised when they have to use the service. Then there is a third paper dealing with the care of patients from different cultures in a carefully designed trial from the Netherlands of an educational package to include communication with patients from different backgrounds. The authors claim some success for their package, and attributed this to their involving both parties in the project.

Readers are reminded of another disadvantaged group on page 369, where older patients are shown to receive much lower standards than younger ones of coronary heart disease care. One of the difficulties for researchers in the UK is the way that the new contract may be shifting the ground dramatically. On page 396 writers reflect on their different reactions to the first year under the new contract. On page 387 there is a systematic review of self-help materials for patients with depression. It identified only a few primary studies, but expressed some optimism about the benefits. I was delighted not to be able to find 'empower' anywhere in this paper, but may have been alerted to the addition of another word to the list when the authors stated in the introduction 'Self-help is often difficult to define …'

Finally, there is the simply incomprehensible. What are we to make of the new journal discovered by Richard Lehman on page 405: *Fuzzy Optimization and Decision Making*?

DAVID JEWELL
Editor