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June Focus

In a recent radio quiz programme where contestants are asked the origin of quotations, one of the questions was to identify the origin of 'Ars longa, vita brevis.' The answer, for those like me who didn't know, is Hippocrates, in his Aphorisms. (After a moment's thought, this is surprising. Surely Hippocrates didn't speak Latin? My *Dictionary of Quotations* has the original as 'ο βιος βραχυς η δε τεχνη μακρη', which is more likely, if incomprehensible). The interest is in discovering that it was Hippocrates who first described medicine as an art. Or perhaps it's a problem of the translation. Does τεχνη really mean 'art'? Or does the Latin 'ars' translate well as the modern 'art'? The *BJGP* would welcome answers from classical scholars. I personally dislike 'art', preferring to think of what I do as a craft (not creative but a set of skills learnt from a master, and refined over a working lifetime). All of us can, however, agree that what we do depends on values, attitudes, behaviour and circumstances as much as, or more than the science.

This month there is an opportunity for readers to reflect on some of these aspects. Huw Morgan's piece in the Back Pages (page 482) describes personal behaviour that will have strong echoes for many. On page 444 there is a national survey of GPs and their involvement in the treatment of patients addicted to opiates. Compared with their earlier survey from nearly 20 years ago, many more GPs are now involved in this work, and there are many more addicts to be treated, which is unlikely to surprise anyone. The authors think we are being too cautious in the dosages of methadone being used. This is both correct and the right attitude for GPs — one of cautious willingness to be involved in such work. The study introducing a new screening programme into general practice on page 424 reports success on the hard outcome of gestational age at screening. But this is set against the difficulties of successful implementation, one of which was the all too familiar finding of their inability as good generalists to confine themselves to a single topic (see also page 422). The accompanying editorial on page 419 challenges the profession to own up to racist attitudes implicit in the way the

haemoglobinopathy screening programme was originally set up.

Then there is the familiar, if depressing, tale of the gap between what we think we are doing and the reality. The MRCPGP exam is the product of years of careful thought, training and reflection, of which the College and the examiners are justifiably proud. So, the study on page 430 will come as a rude shock. Despite clear statement about the purpose of the oral exam, followed by the training and feedback, the authors conclude that it is not fulfilling its purpose. There is a wider discussion about the difficulty of making assessment methods behave exactly as they should, explored on page 461. The authors argue for workplace assessment, in other words an assessment of doctors doing medicine for real. In the accompanying editorial on page 420, Val Wass points out that this is a return to the early ideas of assessment first devised by Flexner.

The study from Nijmegen on page 452 reports that doctors are worse at targeting advice on smoking and diet than we should like to believe. The authors conclude with the sensible message that doctors must continue to ask the patients and not make assumptions. There is also the surprising message, welcome to the 'Everything is worse in the UK' brigade, that patients in the Netherlands are more willing to contemplate reducing their fat intake than to start exercising. And there was me with a vision of the Dutch as a wonderfully healthy lot cycling everywhere when they are not out skating. Once again the *BJGP* reveals itself as the journal to challenge your racial stereotypes.

DAVID JEWELL

Editor

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