if I can be of any further assistance.’ (!!!)

Need I say more?

Pippa Oakeshott
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Rashmi Yadava
Second year medical student.

Who is the journal for?

A GP with no academic credentials might be unwise to criticise apparently minor slips in the BJGP, and might himself be deemed ‘not good enough’ by that board. However, your declared editorial wish to attract and publish criticism may prompt others with quixotic and obsessionial personalities to write to you, providing material for research on the serious disorder of dissent from the common view. Can the Journal be taken seriously when Edzard Ernst’s interesting paper is entitled ‘Complimentary Medicine’ on the Journal’s outer cover, and a similar mistake is repeated in ‘The Back Pages’? On page 24 I read that a patient is suffering from ‘blood cancer’, an expression perhaps for those lay people who have not heard of leukaemia or red cell equivalents, but not really for a medical journal.

Jennifer Marsden’s clear writing retains an Americanism, “practice”, whereas current style in the UK might suggest the spelling ‘practise’ when used as a verb. British contributors to the New England Journal accept editorial conversion of their words to American norms. Do other readers find, ‘How this fits in’ printed as a blue highlight irritating? Why imitate the American norms. Do other readers find, ‘Peer review, as at present constituted, encourages lying and favours the corrupt’, provocatively put by Horrobin 1996, would not even reach the sub editor’s desk in the present day. To mix the words of Leo Rosten’s fictional character, Hyman Kaplan, and those of Private Eye some 60 years later, ‘Some mistakes netcheral — I think we should be told’.

Michael G Bamber
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Competing interest
A New Year’s resolution to be less critical and more constructive.

REFERENCE

Tony Cole
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REFERENCE

Nurse and pharmacist prescribing

Brian Keighley’s excellent article on nurse/pharmacist prescribing points out the possible dangers. There are some absurdities too.

The GMC proposes prohibiting retired doctors from writing a prescription. So retired consultant physicians will no longer be allowed to prescribe.

However, the government proposes that he will be able to get one by asking a nurse to prescribe it for him.

Ivor E Doney
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REFERENCE

GP or not to be?

As my A-levels loom ahead and I prepare to narrow my science choices down to chemistry and biology, my wish to become a GP seems to diminish as I hear my parents discussing how their job is becoming decreasingly centred on actually practising medicine. It appears that the computerisation of the consultation, relinquishing of the doctor’s role to others in the team and the many hoop jumping, target-reaching hours are now part and parcel of a generalist’s work. I realise that doctors being checked is in the interest of the patient’s health and safety, and certainly as a patient I’d be happier knowing my GP was unlikely to make fatal mistakes. I also realise that it’s not just primary care