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# May Focus

Early last month avian flu arrived in the UK, in the form of a dead swan found substantially decomposed in a Scottish harbour. In the following days the national press had a high old time, with maps showing the likely spread of the disease across the country, challenging the government's veterinary officer with dereliction of duty, running apocalyptic warnings about the collapse of the poultry industry (including a genuinely credible fear that it may be the end, at least for the time being, of free range poultry and eggs), the plan to close all schools in order to prevent up to 50 000 deaths, and so on. It was all summed up by John Humphreys on Radio 4 as 'Bird Flu — Don't Panic. See pages 3–26 inside for details.' It all emphasises once again how bad scientific journalism is in the UK, and how curiously irrational we all are when it comes to assessing risk. As Simon Jenkins said in reply (still correct at the time of writing), one dead swan hardly constitutes a crisis.

It's time for our regular writers to help us recover a sense of perspective. Neville Goodman (page 391) wonders what all the fuss is about over the NHS's end of year overspend, and sets it in the context both of the overall budget and of other items of public expenditure. Mike Fitzpatrick (page 389) dissects the panic about flu, and lays the blame firmly at the door of the Department of Health. Where avian flu is concerned, it's hard to avoid the suspicion that some of the panic is being talked up by doctors keen to win the 15 minutes (or in this case 15 seconds) of fame. While it's easy to blame the journalists and editors who latch onto stories of miraculous breakthroughs or terrifying new diseases, authors and publishers should share the responsibility with their desire for maximum coverage. Not a problem that often confronts the *BJGP*. Much more often we publish work to temper the claims of panaceas made elsewhere. For instance, the study on page 327 repeats the case for making some form of BNP test available to GPs for the diagnosis of patients with left ventricular systolic dysfunction. It's particularly significant that in this study dysfunction was not ruled out by a normal ECG. So that's one simple rule that will need reconsidering. The editorial on page 323 repeats the need for such diagnostic studies in primary care, so that GPs can use tests whose results more accurately reflect primary care populations. There's another example on page 334, examining not the diagnosis but the course of low back pain, and tries to relate poor prognosis to psychological factors. Here too, there are no easy fixes: passive coping strategies are reported to be associated with poorer short-term outcomes, but adoption of active coping strategies doesn't appear to bring any benefit. There's more about the effect of the cancer guidelines guaranteeing patients to be seen within 2 weeks on page 355, looking at four of the commonest types. The urgent referrals did represent a high proportion of cancers, but as others have shown, there was also a large proportion of cancers diagnosed in those referred outside the 2-week rule: 'Perversely, overall diagnostic waiting times may therefore be longer as a result of the urgent cancer guidance.'

Then there's the telephone. In the last few years we have had research, as well as Departmental encouragement, to maximise efficiency by increasing our use of the phone. An analysis of the content of telephone consultations on page 363 demands a cautious response. Here, the content was more heavily weighted towards biomedical content, rather than psychosocial or affective content. If that wasn't enough, the article on page 384 poses an ethical problem of telephone consultations. The proposed solution, of giving patients passwords to ensure confidentiality, puts in a barrier that both makes sense and demands extra administration (and vigilance) from all primary care staff. I'm sure it will come.

Dougal Jefferies feels that the new requirements concerning depression in the Quality and Outcomes Framework (QOF) are likely to encourage a mechanistic attitude towards the problem, and hopes that he will have the courage to turn down the rewards of this part of the Framework. All very well, and it echoes some of my own worries about the QOF, so what have I done to deserve the threat of being submerged under a flood of HAD scales from readers (page 392)? If readers want to send something, make it a letter, and if nothing else comes to mind, let us know what you think of Richard Smith's vigorous defence of his work for UnitedHealth Europe (page 381).

**David Jewell**
*Editor*

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