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December Focus

The purpose of this column is to catch the attention of busy readers for a fleeting moment and try to convince you that it's worth dipping further into the rest of the journal. This is a statement of the glaringly obvious; only it comes as an apology that this month's opens with nothing of the sort, but with a fond and grateful farewell to Neville Goodman, whose last column appears in the Back Pages on page 1003.

As he records, he has been sending these in, one a month, for almost 9 years. He has listed his favourite columns and pet topics, but to my mind the value of his contributions has been the insights he has given us into the world of hospital medicine. It has been a salutary reminder to us that GPs are not, as we often imagine, uniquely persecuted within the NHS, but that hospital medicine too has to fight its corner. Neville's stock is so high that he has been allowed to break one of the house rules, signing off with words that will be utterly incomprehensible to most readers, certainly me, and I suspect Alec (our Deputy Editor) too. I hope readers in the Western Isles who might understand them will supply a translation for January's journal.

The image of busy readers finds a perfect echo in the phrase of GPs' 'white rabbit persona' (page 974), used to sum up the familiar problem of finding time to read, assess, and then apply guidelines. More interesting, the review concluded that the difficulties are different, according to the guidelines being prescriptive (do something) or proscriptive (don't do something). It is a reminder of a problem identified some while ago, of how difficult we all find it to abandon familiar practices that have been shown to be worthless.¹ The white rabbit is such a good model for GPs not because of his timidity and his officious manner with servants, but because of the suspicion that we all welcome, and possibly encourage, the aura of being busy. Again, it has proved difficult to shake off.

On page 960 Stewart Mercer and colleagues have achieved a rare triumph: a study of giving GPs more time to see patients with complex problems (there is an interesting aside on the difficulties of

defining complexity). The study reports real gains for the patients, with an added bonus of the GPs feeling less stressed.

Time was even more of an unforgiving master in the 19th century, as David Haslam points out in the paper based on his Mackenzie Lecture on page 987, and he too questions the GP culture of busyness. He reminds us that whatever our view, when they come to see us patients are worried sick. He wonders how much we are in the business of creating suffering rather than alleviating it. It's a reminder of the need to get behind patients' symptoms to the fears and expectations that underpin them.

The paper on page 942 used an internet-based survey to explore patients' beliefs about antibiotics and (this being the Netherlands) were surprised to find what they felt were rather low levels of accurate knowledge of antibiotics' ineffectiveness against viral infections. The study on page 948 also used internet technology to explore GPs' views of hypertension guidelines. The authors have found more specific and detailed reasons why some elements are not universally followed. Elizabeth Murray discusses the use of the internet in research in the accompanying leader on page 939, setting out the advantages as well as the pitfalls.

It's December, so as he has done for several years Iain Bamforth has produced a short story, translated from another writer-physician, this time the Viennese Arthur Schnitzler (page 1007). As the notes reveal, Schnitzler's writing has had wide influence even if his name is unfamiliar to most of us. The story explores a surprisingly contemporary dilemma concerning moral responsibility and medical ethics, and the excerpts from the *Book of Thoughts and Sayings* on page 1010 contain provocative thoughts on love, doubt, freedom, and humour.

David Jewell
Editor

REFERENCE

1. Hill-Smith I. Professional and patient perspectives of NICE guidelines to abandon maternal monitoring of fetal movements. *Br J Gen Pract* 2004; **54**(508): 858-861.

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