between confidence and doubt. It is easiest to find this balance if you work with people who support questioning behaviour. The process of learning involves critical analysis, curiosity, logic, reasoning, and the appreciation of human-spirit achievements. These elements give medical reading an incredible humanistic value.

A high proportion of the problems we see in our surgeries are related to just a few common conditions, such as diabetes and asthma. Once a year we should read updated guidelines of these conditions. The rest of patients present with varied cases approachable by 'problem based learning.' Consultants help with some patients' clinical management. However, we still have to know what happens to these patients, so we have to read about their conditions. Topics beyond the traditional medical subjects, like managerial or social skills, deserve some reading as well. We can identify learning points from each day’s surgery.

The ideal reading is on an issue strongly linked to professional practice that comes from an accessible source with valid information; for example, updated and evidence-based drug reference books, textbooks, reviews, and clinical questions. Good management of the internet is fundamental to localise and access these sources.

We are not pure intellectuals, but busy doctors, with other personal commitments. Therefore, we could aim for a realistic but effective 2 hours a week of quiet and uninterrupted reading. This suggestion, which we raise for discussion, comes from our own experience, medical education readings, and conversations with colleagues.

Our reading obviously takes an effort, interest, and love perhaps? Definitely:

’Where there is love for mankind there is the love for the art of healing’.
(Hypocrates)

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GPs as investigators
Seldom have I read such patronising comments as those from Professors Mathers, Howe, and Field in their criticism of Julian Tudor Hart’s discussion and defence of research coming from ‘ordinary’ working GPs.

The rapidly diminishing input to our journal from all but a few GPs outside of academic departments is again exemplified by the April issue of the BJGP.

Mathers et al trumpet the ‘world class’ research from primary care while insisting that individual GPs working on their own can contribute no research of value, and by implication that unless they ask nicely for help from an academic GP department they really need not bother. I wonder how many other ordinary GPs who have published research over the years also find this viewpoint patronising, pompous, and even offensive?

Selection for publication should be judged on individual merit certainly, but not by academic censorship. As far as I am aware the BJGP is there for all.

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