

of the elements of QOF continues.

However, the central issue is this: in an evidence-based world, we should look for evidence of improvement of quality as a result of the introduction of a new instrument designed to measure performance. Is there evidence that the diagnosis and management of the complex set of conditions that are labelled as 'depression' has been improved by mandating the use of these tools in everyday general practice?

The authors end by quoting the excellent work done by Trish Greenhalgh where she suggests that we need to open up the 'black box' of clinical experience and judgement and how they interact with evidence. We concur with their suggestions that in the future, more piloting, more engagement with practitioners, and a more measured response to the difficulties caused by and pertaining to measurement would be helpful for patients and GPs alike.

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Doctors and depression

Having read a number of articles over the last few issues about depression and its treatment and, speaking as a retired GP with lived experience of the 'condition'; 'symptom cluster'; 'diagnosis'; 'disease', I pose the simple question: why do doctors still struggle in relation to the brain? Professor Steven Pinker says that 'mind is one of the things the brain does' and my own experience suggests that is indeed the case and that 'mind is not all the brain does and the body's "minding" functions are not just vested in the brain, but throughout every cell, fibre, and synapse of our being".

It is obvious to me that the brain is a physical organ in a physical body and that its minding functions, along with those of the rest of the body, that are to what we ascribe the adjective 'mental'. Our 'mental' functions are delivered by the physical organs and systems that constitute a physical body, and are operating according to the same principles and laws that govern all such known physical processes in those aspects of this known universe that we know about.

There, I've said it. There is no evidence-based division between 'physical' and 'mental', brainmind and bodymind, mind and body. Cartesian dualism is dead, but not buried; his spirit still stalks the halls of our schools, medical schools, policies, commissioning, procedures, and services.

Further, the schismatic thinking that results from 'either-or' and not 'both-and' thinking results in people using the terms 'mental health' and 'mental illness' synonymously and interchangeably, or implying that the former is the mere absence of the latter. It would be as logical to talk about peace being the same as war or as the mere absence of it (and vice versa).

Throughout my depression 'career' (pace Dr Joanna Moncrieff) I have benefitted from the wonderful care of a GP who has always treated me as a whole person. I am still on my journey, but I wouldn't be on it at all, were it not for that person and many others like him. So, if some GPs are not interested or competent in the management of, for example depression, then those who have 'got the plot' on the above need to start helping them to appreciate just how sexy, brilliant, wonderful, and awe-inspiring the brain is. The 'most complex mechanism in the known universe' as Einstein had it (and he should know). If people are not so inspired and their interest in the human condition, going north, terminates at the uvula, then we should be very worried that they are either worn-out or unfit to practise.

Ironically, it is the same organ that has evolved to 'game' — but perhaps I should simply stop there?

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Novel treatments for type 2 diabetes

Jason Seewoodhary's article in the January Journal,¹ presents an optimistic view of the currently available alternatives to the standard treatments for type 2 diabetes.

However, he makes no mention of the cost of these newer agents, nor the fact