Editor's Briefing

Our choice of Communication as the theme for the March issue of the Journal is fortuitous. Alexander Graham Bell first used the telephone on 3 March 1847 and London Heathrow was opened on 25 March 1948, the same year that saw the birth of the NHS. In this *BJGP* we explore the communication of the results of research and of measures of risk, we look at communication within the consultation, including the use of touch, and examine the effects on communication of continuity of care, and of the power relationships between doctors and patients. Many of us are old enough to remember medical school days when 'communication skills' teaching was seen as a bit effete and distinctly optional. Today its importance is unquestioned, not least because much of what goes wrong in medicine has its roots in poor communication of one sort or another: think about surgical checklists and consent forms, think about listening, explaining, negotiating, and safety-netting in the primary care consultation.

The truth is, we've always had communication problems in medicine and still do. Clinical and academic communication remains mired in dreadful clichés and, for as long as I can remember, much of what has been published by the Department of Health, or digested and regurgitated by PCTs, or health authorities, is often so riddled with jargon and meaningless neologisms as to be at best difficult to follow and at worst meaningless. This failure of clarity in writing and expression is nowhere more salient than in the present wrangle over England's Health and Social Care Bill.

The process began with a shoddily written white paper that was followed by a series of even worse documents. *Liberating the NHS: developing the healthcare workforce*, widely agreed to be unreadable, deserves a special prize for the daftest title and most incompetent drafting of all. Martin McKee's tongue-in-cheek plea for an answer to his question 'Does anyone understand the government's plans for the NHS?'¹ will probably go unanswered. Following the 'pause' and the 'listening', the Future Forum's undoubtedly well-intentioned second report is too full of evasions and slogans — the clinically-led service, re-discovering patient centredness, changing the culture of the NHS — to take the debate much further, as Calum Paton trenchantly argues in his leader.

This failure of clarity in an argument about the future of health care in England, no less, and the subsequent quality of political debate, is regrettable. It is little surprise that any willing critic can find so much with which to take issue. It is, however, the responsibility of the institutional critics of the reforms to come up with a coherent set of alternative proposals — just saying 'Hands off our NHS' won't do, and political courage is needed to face up to the financial constraints within which any such plan is produced. The RCGP's recent proposals include the introduction of Federations of practices and area-based commissioning, more emphasis on cooperation and collaboration, and less on competition, reform of payment incentives across the NHS, better integration of the care sectors, and more investment in primary care, and deserve serious consideration.

Medicine is not alone in being hobbled by illiteracy — public discourse and political debate require a degree of civic literacy that is threatened by the debasement of language and the increasing peremptoriness of communication. The digital democratisation of debate comes at a heavy price.

TS Eliot described writing as 'a new beginning, a raid on the inarticulate, with shabby equipment always deteriorating in the general mess of imprecision of feeling', and James Joyce regarded writing in English as 'the most ingenious torture ever devised for sins committed in previous lives' — a penance to which we all may wish to subject ourselves. I hope that over the coming months the *BJGP* will continue to contribute clarity and evidence to this important debate, and we welcome suggestions and submissions that move things forward.

Roger Jones
Editor

REFERENCE

1. McKee M. Does anyone understand the government's plans for the NHS? *BMJ* 2012; **344**: e399.

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