

Unsurprisingly, patients' priorities for medical care are centred on diagnosis; doctors are expected to listen properly, do a physical examination, and find out and tell the patient what is wrong. Aneurin Bevan expressed this view forcibly during a debate about community hospitals: '*I would rather be kept alive in the efficient if cold altruism of a large hospital than expire in a gush of warm sympathy in a small one*'. The days of wallowing in uncertainty, and perversely making a virtue out of tolerating it, are over, and first-contact clinicians have a duty of care that includes making early, accurate diagnoses as often as possible. The challenges of doing so are captured in a series of papers in this issue of the *BJGP*, and deftly explored in Kevin Barraclough's editorial. We clearly aren't there yet, and Barraclough makes a plea for more research into diagnostic decision making and the use of investigative technologies, arguing that the funding available for research of this kind is disproportionately small in relation to the importance of the subject. I completely agree — and would urge funders and researchers to think about the kinds of multidisciplinary research needed to move us into the 21st century, where cognitive psychologists, information scientists, engineers, and mathematicians will collaborate with clinicians to devise fresh approaches to capturing and analysing all the available patient data that are relevant to each presenting patient problem.

It is impossible, in the second week of the Olympics, not to write about these extraordinary games and to reflect on how they are being seen by different constituencies. They are probably the biggest (and most complex) public health intervention we have ever seen in the UK, and I wonder who will try to evaluate their impact and how they will go about doing it? They are an emblem of a nation at ease with itself and its racial and cultural diversity; despite taking place on almost the exact anniversary of last summer's riots. They are a demonstration of the transformation in life chances that has affected the whole of the world over recent decades, evidenced by the breadth and depth of representation by races and nations who were invisible in the Olympics 40 years ago; although citizens in some of the countries represented in the Olympic stadium may wonder why human rights abuses appear to be trumped by skills in weightlifting. They are an affirmation of democracy and equity, although anyone who tried without success to get tickets may not sign up to this particular claim. They are a persuasive argument for the

power of teamwork and collaboration within Team GB, and they have been viewed as an equally powerful argument against national separatism.

Can we distil some messages for Team GP, or for Team NHS? The first one surely has to be that we do have to work as a team, now and in the future, if we are to transform health care in the ways that we need. So much of the waste and duplication, error and misunderstanding, within the NHS stems from fragmentation of services, the failure of interprofessional and patient communication, from turf wars, and from perverse funding arrangements. We may not have needed an Act of Parliament to achieve some of these ends, but achieve them we must: better care, less waste, better communication and collaboration, and if possible a re-injection of some of the altruism that once characterised the NHS, and a lot less clock-watching.

Which brings us to commitment: the Olympics have generated role models that will inspire a generation or more of young sportsmen and women; where are the role models for the next generations of NHS clinicians and health professionals? Medical students now move in apparent Brownian motion through 'integrated' curricula, with simulated patients and examinations that test the regurgitation of sound bites, without the faintest idea about how firms, departments, and hospitals work, and with little experience of what it is actually like to do medicine. Instead they acquire a sharp awareness of the time constraints that we have allowed the EU and NHS managers to impose on clinical activity and of the games that need to be played with online applications for foundation posts.

'We trained every day for 4 years for this ... this was our masterpiece' said one of the gold medal rowers, and this is the kind of inspiration that we ought to be trying to provide for our students and junior doctors, rather than mealy mouthed compliance with absurd managerialism and bloodless, politically correct governance. Let's also hope that some of our societal malaise can be treated with a dose of Olympic spirit — replacing a culture of entitlement with one focused more on effort and application and substituting the fixation on celebrity with the recognition of real achievement.

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