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 gust 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 candour that the ship-manning 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 Barracough’s editorial. We clearly aren’t there yet, but Barracough 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; 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.

The challenges of doing so are captured in a series of papers in this issue of the *BJGP*, and deftly explored in Kevin Barracough’s editorial. We clearly aren’t there yet, but Barracough 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; 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.

The challenges of doing so are captured in a series of papers in this issue of the *BJGP*, and deftly explored in Kevin Barracough’s editorial. We clearly aren’t there yet, but Barracough 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.

The challenges of doing so are captured in a series of papers in this issue of the *BJGP*, and deftly explored in Kevin Barracough’s editorial. We clearly aren’t there yet, but Barracough 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.

The challenges of doing so are captured in a series of papers in this issue of the *BJGP*, and deftly explored in Kevin Barracough’s editorial. We clearly aren’t there yet, but Barracough 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.

The challenges of doing so are captured in a series of papers in this issue of the *BJGP*, and deftly explored in Kevin Barracough’s editorial. We clearly aren’t there yet, but Barracough 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.

The challenges of doing so are captured in a series of papers in this issue of the *BJGP*, and deftly explored in Kevin Barracough’s editorial. We clearly aren’t there yet, but Barracough 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.