

# Editor's Briefing

## TIMES OF OUR LIVES

This issue of the *BJGP* celebrates the Royal College of General Practitioners' 60th birthday, with contributions that look back over the ways in which the College has supported the development of general practice in the UK and beyond, and ahead to the aspirations the institution has for the future. Hard on the heels of a very successful and, in many delegates' views, inspirational, annual conference in Glasgow, and on the verge of moving in to a really splendid headquarters building, it is difficult to entirely suppress a warm and fuzzy feeling about the health of the discipline and the ways, actual and potential, in which community-based primary medical care has the ability to make a massive impact on personal and population health and wellbeing. It is a shame that some of those responsible for the recent, casually-dismissive newspaper reporting of the work of GPs were not in Glasgow. They would have heard some very moving accounts of GPs working against the odds in places like Christchurch, New Zealand, Fukushima, Japan, South Africa, and Palestine. Our research articles this month reflect themes of enquiry that have been revisited many times over the decades since the first College *Research Newsletters* appeared: the diagnosis and treatment of common infectious diseases, the care of chronic disease, the preventive role of primary care, hospital admissions, the treatment of depression, and the evaluation of emerging technologies, in this case telemedicine for COPD and the use of the internet by patients.

We are also publishing a reflection on Iona Heath's Harveian Oration given at the Royal College of Physicians, *Divided We Fail*, in which she explores a range of dualities, opposites, and complementarities that permeate all of medical practice. Four hundred years ago Harvey was the physician in charge of St Bartholomew's Hospital and, as well as revolutionising the understanding of the circulation of the blood, he grasped much of what we are still struggling to get right in medicine, notably interprofessional collaboration and social justice. On communication between professionals Harvey advised that '*No Chirurgion or his man do trepan the head, pierce the body, dismember, or do any great operation on the body of any but with the approbation and the direction of the Doctor*', while his job description at Bart's included the direction to '*Endeavour yourself to do the best of your knowledge in the profession of physic to the*

*poor then present, or any other of the poor at any time of the week which shall be sent home unto you by the Hospitaller*'. Four centuries later it may be that, at the same time as we are beginning to achieve a more mutually respectful and integrative pattern of interdisciplinary working in medicine, the current economic and social climates in which health systems have to function are themselves a threat to the delivery of equitable health care.

I had the opportunity to attend a meeting of European Union Chief Medical, Dental, and Nursing Officers recently and was heartened to see the major commitments being made by the European Commission and in many EU states to the promotion of primary health care. The Commission's priorities include prevention, the care of chronic diseases, and the sustainability of health systems. However, it was also clear that for many countries the move from specialist-dominated private practice to a primary care-based public system will be challenged, partly by predictable issues of professional prestige, turf, and kudos, and also, and perhaps more problematically, by the difficulty of finding additional public money for health care at a time of economic contraction and austerity. A health system with an effective primary care sector may be more cost effective, but the 'set-up' costs may make the investment difficult to justify at a time when economic quick wins are needed by governments.

Next year sees another important milestone, the 35th anniversary of the declaration of Alma Ata,<sup>1</sup> which set out a vision for primary health care following a conference convened by WHO and UNICEF. Much of the declaration has real contemporary relevance, not least because much is still to be achieved. This year has been a good time to celebrate and to reflect, and also to recognise that none of the good things can be taken for granted and that the energy, wisdom, and courage that have driven the RCGP for the last 60 years will be needed more than ever in the challenging times ahead.

Roger Jones  
Editor

## REFERENCE

1. World Health Organization. *Declaration of Alma Ata. International conference on primary health care, Alma-Ata, USSR, 6-12 September 1978*. Geneva: WHO, 1978.

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