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Tools

For the last decade or two general practice, indeed medicine in general, has been manufacturing 'tools' as if a 21st century industrial revolution was under way. Am I alone in my distaste and negative reactions, feeling that in most cases the word 'tool' is now used in a most ignorant and inappropriate way? Most patients know exactly what tools are, and use them to good effect in the real world. (I once used a tendon hammer, before I retired: a valued tool).

Surely there are many more infinitely preferable words in the English language from which to choose, if concepts such as a scheme, plan, protocol, syllabus, or resource is really what is meant, for something intangible but intended to be teachable (if not necessarily memorable).

While ruminating on why these etymological reflections have kept bothering me continually over the years, and as several dictionaries seemed to support me, I turned to the December *BJGP* to see if it was as ubiquitous as I thought. On the contents page, I read the very first entry: 'page 621: European Antibiotic Awareness Day 2012: TARGET antibiotics through guidance, education, and ... TOOLS' (my capitals).[1]

The last word triggered something in me — this local etymological mishap had now achieved a European, if not global, dimension. I even read the article, and found this four-lettered t-word not only appeared at the end of Table 1 ('tools to use with patients'), but it had even secreted itself in the acronym 'TARGET' as well as in 'toolkit' (fortunately the acronym was suitably and considerately elaborated for those who can't keep up with them).

I looked back at the contents pages: 'page 661: Writing therapy: a new tool for general practice?'[2] This saw me reaching instinctively for my pen, to share these thoughts with the Editor. (Very therapeutic!).

At this point I read on in the Journal, and was fascinated to find Neville Goodman's 'Familiarity breeds: clichés in article titles'; and barely surprised to find the errant word quoted in his last sentence.[3] This monosyllabic t-word, although just a word, not a phrase, surely also has all the characteristics of a cliché, by his definition. It not only appears in article titles, but in the very fabric of our current medical literature, and it is time we called a tool a spade, or at least classed it with coalfaces as reprehensible management-speak.

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The 2022 GP: our profession, our patients, our future

The comments made by Clare Gerada and Ben Riley in the November issue of the *BJGP*[1] resonate well with my own views.

Together with fellow GPs in Cape Town, South Africa from 1995–2000, we set up a pilot model of delivering primary care under the auspices of the Health Development Institute a community-based research non-governmental organisation (NGO).[2] This pilot entailed GPs reaching out to the community through participatory workshops involving the community and other professionals (priests, lawyers, social workers, teachers, clinical psychologists, and sociologists) in an effort to seek a shared definition, and possible intervention, regarding preventable health problems.

The following workshops were held:

- On domestic violence, identifying the pitfalls in the implementation of legal provisions like magisterial interdict, as well as how powerful denial is among the women to actually admit that they have an abusive partner, and need help.
- A workshop involving many teachers in three communities who were subjects of a teacher depression epidemic in the Western Cape, a consequence of the rapid social change in South Africa in 1994 from apartheid to democratic rule. The workshop was able to identify support systems that teachers could tap into.
- On unwanted babies for which the government had opted for a technical intervention (legalised abortion) as opposed to social interventions like churches setting up and expanding the adoption services to provide for unwanted babies.
- An AIDS/HIV workshop to find out the community perception of the AIDS epidemic, to what extent do communities feel in a state of helplessness, and what support systems could be set up to empower communities to help themselves; to find out to what extent men saw the need for protected sex using condoms, and the cultural constraints from using condoms.
- Concerning diseases of lifestyle, to find out what the community members perceived as the causes of hypertension, diabetes, heart attacks, and obesity, as well as what public health/political interventions could help to reduce the prevalence of these conditions.

What we noticed afterwards was that the attitudes of the community began to shift from being only consumers of health care to instead being participatory and owning the fight against the community burden of these conditions.

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Making health habitual

I was delighted to find that Gardner's useful article on promoting healthy habits[1] referred to Kahneman's Nobel prize-winning findings about how people think.