

THE GREATEST BENEFIT

I have borrowed part of the title of Roy Porter's *The Greatest Benefit to Mankind: a Medical History of Humanity* to attempt to capture the impact of antibiotics on human health. However, when Ernst Chain, Howard Florey, and Alexander Fleming went to Stockholm in 1945 to collect their Nobel prize for physiology, Florey was already concerned about the long-term future of antibiotic usage, and commented 'There is the danger that the ignorant man may easily underdose himself and, by exposing his microbes to non-lethal quantities of the drug, make them resistant'. Antibiotic resistance is now recognised as a major medical problem, which has concerned a series of chief medical officers over the last 15 years. The present CMO, Professor Dame Sally Davies, has warned that if action is not taken we may find ourselves back in a 19th century environment where routine operations are complicated by fatal infections, and prosthetic and transplant surgery and many cancer treatments are compromised.

This issue of the *BJGP* has a major focus on antibiotic prescribing and on the evidence for strategies which may improve appropriateness and reduce unnecessary prescriptions. It is, perhaps, worth restating the extent of the problem: McNulty and colleagues, describing the respiratory tract infection 'clinical iceberg', report that a household Ipsos MORI interview study found that 1/5 of 1767 adults in England with respiratory tract symptoms had contacted their GP surgery. Of these over 50% had expected to be prescribed an antibiotic, most had received one, and a 1/4 did not complete the course of treatment. These are very similar figures to those reported in 1997 by McFarlane and colleagues,¹ who studied 76 GPs in rural, inner city, and suburban practices in England, and examined outcomes in over 1000 patients with acute lower respiratory symptoms, of whom over half expected an antibiotic and almost all received one. There appears to have been very little change in either patients' expectations or clinicians' prescribing behaviour over the last 15 years or so.

However, there is evidence that these habits can be changed. In a systematic review Thompson and colleagues, from Oxford, identified a number of interventions which have succeeded in reducing antibiotic prescribing in children with respiratory tract infections, the most important ingredients of

which included targeting both parents and clinicians during the consultation, providing automatic computer prompts that promote evidence-based prescribing, and promoting clinical leadership and, thereby, ownership of antibiotic prescribing guidelines. In a non-randomised study Opong and colleagues, reporting from Birmingham, found that point-of-care testing for C-reactive protein appears to be a cost-effective way of improving the appropriateness of antibiotic prescribing. Finally a systematic review of pharmacy-based minor ailments schemes raises the interesting possibility that in such settings without the constraints of pre-existing doctor-patient relationships, rational, non-prescription interventions may be easier to deliver and to accept.

The research articles are themselves only the tip of a marvellous iceberg of material this month: a superb overview of the future of the NHS by four health service experts in the Debate & Analysis section; a wonderful account of a memorable evening celebrating 60 years of the College; some very perceptive writing about GPs and general practice, including more on prescribing from Trisha Greenhalgh; a nicely-deployed argument for voluntary prescription charges from Michael Jenkins; and a fascinating reflection on what being a GP can be all about by Gervase Vernon. Anna Gruener takes us on an ophthalmological tour of van Gogh, and David Misselbrook continues his alphabetical tour of medical philosophy with a disquisition on gender and ethics. And there is no better way to end than with Sandy Taylor's closing lines: *'Jumping to the latest target or tussling for resources with hospital colleagues will only divert attention from the important work. It does fall to us to square our shoulders, stand together, and reaffirm our values of compassion, clinical excellence, and integrity as a College. And reassure this worried island that the doctor is coming.'*

Roger Jones
Editor

REFERENCE

1. Macfarlane J, Holmes W, Macfarlane R, Britten N. Influence of patients' expectations on antibiotic management of acute lower respiratory tract illness in general practice: questionnaire study. *BMJ* 1997; **315(7117)**: 1211-1214.

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EDITORIAL OFFICE

30 Euston Square, London, NW1 2FB.

(Tel: 020 3188 7400, Fax: 020 3188 7401).

E-mail: journal@rcgp.org.uk <http://www.rcgp.org.uk/bjgp>

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