Editor's Briefing

OLD BATTLES

Clinical controversy abounds in this month's *BJGP*, in which we look at obesity and bariatric surgery, skin cancer excision by GPs and specialists, and the challenges of making early, accurate diagnoses of cancer in general practice.

Obesity is never far from the headlines but the announcement from NICE about lowering the BMI threshold for consideration for gastric banding has raised the spectre of hundreds more procedures being carried out, at great cost, by an NHS already desperately casting about for ways of saving money. Ackroyd and colleagues, in a useful and timely editorial, outline the roles of GPs in the selection of patients for these procedures and their continuing responsibilities for follow-up and surveillance. The ethnic and cultural influences on the development and management of obesity are also complex, and Bibi and colleagues describe a potentially valuable approach to opening a therapeutic dialogue through a patient and public involvement initiative.

Dermatology and the associated minor surgical procedure were one of the early clinical topics in which GPs with Special Interests developed, but the respective roles of primary and secondary care in the management of skin conditions are still contested. A Scottish study from hospital dermatology reveals concerns about the completeness of excision of potentially malignant skin lesions, and will raise further questions and no doubt stimulate further research. Stephen Kownacki, chair of the Primary Care Dermatology Society, which has 1200 members, strongly emphasises the importance of the contribution of GPs in a health system with too few dermatologists. We are publishing a number of articles on other aspects of skin disease and their implications for management in primary care in this issue.

Cancer outcomes in the UK, generally regarded as being less good than those of our European neighbours, have been under intense clinical and political scrutiny lately, making this a good time for Greg Rubin and his team to set out what we know about making early cancer diagnoses in this month's Research into Practice article. There is still much to be done to improve matters. New technologies and better access to investigations may help, but the old saw of using time as a

diagnostic tool may no longer have a place in the modern diagnostician's toolkit. We are at an interesting, intermediate stage of development with much of the diagnostic technology on which we depend. I wonder how long it will be before a trip to a distant hospital to spend half an hour in a noisy, expensive magnetic tube will have been replaced by a rapid hand-held scan in the GP surgery?

Beyond these weighty concerns you will find plenty more useful clinical material; on coeliac disease, Kawasaki disease, comorbid depression in diabetes, NHS Health Checks, and the use of technology in encouraging physical activity and helping parents make decisions about MMR vaccination. Dip into *Out of Hours* for a headier diet of tragedy, frissure, countryside running, and the temporal mysteries of the appointment book. We also publish an appreciation of Professor Sir Michael Drury, a giant of academic general practice, a fine College president, and the kindest and most endearing of men.

The annual scientific meeting of the Society for Academic Primary Care was graced by an outstanding keynote lecture by Professor Frede Olesen, from Aarhus, Denmark, on the contemporary understanding of the placebo effect, and the therapeutic effect of the physician. Michael Balint wrote about 'the drug doctor' 40 years ago. The effect of communication style and the setting of the consultation on health outcomes are well known, yet we have been slow to incorporate this knowledge into teaching and practice. The placebo effect is still regarded as something spurious, not quite the thing, yet it is at the core of much of what we do. It is unlikely to be part of the core undergraduate curriculum. GPs (and hospital doctors), as Marshall Marinker sagely observed many years ago when writing about Balint seminars,¹ are prisoners of their early medical education. *Plus ça change*.

Roger Jones
Editor

REFERENCE

1. Marinker M. Balint seminars and vocational training in general practice. *J R Coll Gen Pract* 1970; **19**(91): 79–91.

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