POLITICALLY INCORRECT

The theme this month is older people, rather than the elderly. These terms are not synonymous, although one might be considered to subsume the other. Both are ill defined, although 'older people' seems to retain a sense of continuing health and preserved function, whereas 'the elderly' has a hint of frailty about it. Illness is not implicit in either, although it could be part of both. This isn't political correctness, but an acknowledgement of sensibilities, stereotypes, and the need for semantic accuracy. However, concerns about giving offence to patients and others in the health system have led to many unhelpful neologisms that, when used to describe potentially uncomfortable or critical attributes or behaviours, run the risk of avoiding dealing with them at all — the knotty problems of obesity and its health impacts, for example. Concerns about offending patients seem to have led to many doctors and other health workers finding it almost impossible to broach the topic at all. Political incorrectness of a very different kind is seen in the government's management of the NHS that, at a time when recruitment across the board is at a critical point, seems to be doing all it can to deter people from choosing careers in medicine.

Serious questions are asked this month about the health care of older people. Research articles explore the received wisdom about quality of life and the quality of end-of-life care for people living in residential homes, and take a critical look at the acceptability, outcomes, and costs of exercise programmes for older people. The editorial by Bally and Jung asks whether home is, indeed, always best for the care of older people. They conclude that:

'Integrated care models will provide smoother transitions from care in a home environment to a care home setting. Those people should receive excellent individualised care according to their needs with their pathways not being defined by institutional deficiencies. It is here where GPs will have to take a crucial part of the responsibility.'

Gunn and Pirotta reflect on the implications for primary care from the recently published report from the *Lancet Oncology*¹ Commission on primary care and cancer, and a survey of general practices in England (Walter and colleagues) indicates that more will need to be done to provide support for

the increasingly large number of cancer survivors who will be managed largely in general practice. Echoing the findings of the *Lancet* Commission, they say that:

'... GPs need efficient tools and appropriate education to provide high-quality care for people living with the consequences of cancer and its treatment. Interventions should focus on improving communication between primary and secondary care, raising awareness of physical and psychological consequences, optimising existing resources, and enhancing knowledge of late effects and how best to manage them.'

Last week was international Peer Review Week (PRW). Unsurprisingly, this didn't make the headlines in the popular press, but it is something that editors need to think about. Peer review of original research, which remains the cornerstone of the selection and preparation of studies for publication, has come under criticism in recent years. Some of the reasons for this are just and appropriate, but most of the time authors, reviewers, and editors are simply trying to do a good job. My view is that PRW was an opportunity to reflect on the enormous contribution reviewers make to the medical literature. Not only do they guide editors in their decisions about acceptance, revision, and rejection, but the amount of work that they put into their reviews (almost invariably unremunerated) also makes a huge difference to the quality of every article published. I am endlessly impressed by the effort and thought that reviewers expend in providing not only useful guidance for me, but also detailed and constructive comment and criticism for authors. It would be worth creating a metric to measure this contribution, which I believe should be recognised more openly, particularly in journals that, as I believe we all should, use a system of open peer review. So, an enormous thank you to everyone involved in the *BJGP* peer review process.

Roger Jones,
Editor

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