Editor's Briefing

FUNDAMENTAL FLAWS

Today, in the early summer of 2016, it is impossible to mistake the symbolism of the image on the front cover of this issue of the *BJGP*. Yet only a couple of years ago this photograph could have been a holiday snap of an interesting-looking family, with the inviting blue Aegean and the welcoming coastline of the cradle of civilisation in the background. It's only 20-odd years since Francis Fukuyama, in *The End of History*,[1] asserted the inevitability of the rise and eventual 'universalisation' of liberal democracy — 'the endpoint of man's ideological evolution' — and look where we are now. Not that long ago global health was another option on the medical school curriculum, but today's close connections between peoples, politics, and planetary changes means that geopolitics and global unrest are woven into our view of the outside world and of our professional place in it.

This month the Journal reflects some of the wider forces at play in these troubled times, with an editorial from the Netherlands about the importance of discovering what migrants need from the healthcare system, a research article from Australia on the challenge of maintaining high-quality medicines management among refugees from countries such as Sudan, Liberia, and Burma, and interesting debate and discussion pieces exploring some of the complex interfaces between religion, fundamentalism, general practice, and public health. A population-based study from Bristol indicates serious under-testing of immigrant populations for the hepatitis B virus, while a study from Dublin suggests that opt-out testing for blood-borne viruses in primary care may be feasible. In a short, affecting account of the potential role of general practice in Malawi, the poorest country in the world, Elizabeth Howard and John Parks offer us an opportunity to get involved, through the Medic to Medic charity, in supporting some of Malawi's first GPs.

Other vulnerable groups featured this month include people who inject drugs, and the difficulties of maintaining and managing their physical health, patients with severe mental health problems, whose physical health problems are frequently unrecognised and under-treated, and female sex workers who have particular difficulties in obtaining adequate levels of medical care.

There are some other important messages in the Journal this month, including the need to avoid delay in the diagnosis of venous thromboembolism in patients coming out of hospital, the need for vigilance in the prescription of Z-drugs and hypnotics to older nursing home residents, and the clinical guidance vacuum that has been left by the demise of the Liverpool Care Pathway. Dan Knights comments in his editorial that '*... the removal of protocols and tick-boxes from end-of-life care may have impeded even greater progress, where high standards can spread even to where expert support is sparse. Thus, could "individualised care" simply be a pleasant-sounding phrase, masking the reality of the popular media's victory at the expense of consistently good end-of-life care?*'

And please send a copy of the editorial by Paula McDonald and colleagues, on what medical schools should be doing about increasing the popularity of general practice as a career choice, to your local medical school Dean. Deans need to review the amount of undergraduate teaching in general practice, the proportion of exam questions in primary and community settings, the numbers of academic GPs and students' exposure to them, and the adequacy of service increment for teaching funding for general practice. They also need to reflect on the extent that general practice is denigrated in medical school culture, and if necessary confront this as a discriminatory issue. They may wish to consider how medical students are recruited and selected, and how best to support career structures for GPs interested in medical education or clinical research.

Finally, and just between ourselves, I had planned a 'Head to Head' article on the medical implications of the European Union referendum. There would have been no shortage of primary and secondary care clinicians, biomedical scientists, and medical politicians banging the drum for staying in the EU but I didn't manage to snare a medical Brexiteer. Perhaps I didn't try hard enough, but there we are. You'll have to make your own mind up.

Roger Jones,
Editor

REFERENCE

1. Fukuyama F. *The end of history and the last man*. New York, NY: The Free Press, 1992.

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