‘As my general practice communication skills have improved, my popularity among my patients has increased and this has also led to a financial gain for me.’

‘Previously I used to tell patients what to do. Now I share information.’

‘Although I failed in my OSCE exam several times, the preparation for the OSCE changed my approach to my patients tremendously.’

‘Before appearing in this exam I did not ask patients their ideas, concerns, and expectations about their problems.’

‘I never asked about the impact of the patient’s problem on his life (physically and psychologically).’

‘After attempting this exam I feel the positive impact on my life as a physician, because my attitude towards the patients has changed completely.’

The MRCGP[INT] South Asia Board, the examiners, management, and all the individuals involved in this programme have created a sense of community. They are selflessly motivated by a restless desire to see the improvement of family practice in the South Asia region and look forward to continuing this work in the future.

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THE VALUE OF PALLIATIVE CARE
Dr Mannix is on a mission to reclaim public understanding of dying through the medium of stories. As patients, families, and the professionals involved in their care undertake their own voyages of exploration, no journey is more apparent than that of the author, who gently infuses the lessons learnt from a lifetime of palliative care into her accounts of those with whom she has travelled.

Fundamentally, *With the End in Mind* is an ode to the value of palliative care and its ability to ease physical and mental suffering, framed by the author’s eloquent descriptions of peaceful deaths. However, she does not shy away from describing distressing or difficult situations, including her personal experiences of bereavement and the contentious topic of euthanasia.

As medics, and as humans, we all practise and live through the prism of our own experiences, both personal and professional. This collection of stories and reflections explores this in the context of death and dying. It is an emotive topic and the question is not whether the carefully wrought subjects will reach out and touch you, but which ones. At the end of each section is a ‘Pause for thought’, designed to aid reflection, though their overtly didactic tone sometimes feels disruptive. However, the narrative within each story is gripping and the depth of the author’s compassion and warmth shine through.

From Gallic Sabine who wears her Resistance medal to remind her that she can be brave in the face of cancer, to young mother Holly whose daughters snuggle up as she goes to sleep for the last time, throughout, Mannix refers to the privilege of her role. The privilege is now ours — to be guided by her gentle hand through this most difficult of topics. I for one will be using the ‘D-words’ more confidently from now on ...

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Measuring Research: What Everyone Needs to Know
Cassidy R Sugimoto and Vincent Lariviére
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ANYONE FOR DONUTS?
Every summer, journal editors and publishers anxiously await the publication of the Journal Impact Factors, hoping that their journal’s IF will have gone up and that their competitors’ will have gone down. This used to be the only game in town but, in our heart of hearts, we know that Impact Factors are merely one, unsatisfactory, measure of the impact that publications in the biomedical sciences have on practice, policy, and society, and that better metrics are needed. An IF of 3, for example, means that on average each of the peer-reviewed research articles published in a journal has been cited in the mainstream, peer-reviewed literature three times during a specified 2-year window. At the same time, however, there will probably have been hundreds of thousands, if not millions, of website visits and full-page downloads of articles published in that journal. The IF is an aggregate measure of ‘journal impact’ and tells us nothing about the impact of an individual paper. It is also extremely