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such a situation occurred in the UK in the 1990s. Professor Sir Brian Jarman stated on the *Today* programme on 21 June that:

'The Gosport situation may be repeated because information on death rates was not properly assessed by health officials.'[3]

NEURAL TUBE DEFECTS

Consider first the treatment hydrocephalus with spina bifida. After a phase of very active treatment in the 1960s, associated in the UK with the name of the neurosurgeon Dr Zachary, there was a reaction. In 1971 John Lorber, who had been one of the pioneers of active treatment in the 1960s, advocated the sedation of the worst affected babies, so that they would not feed, but die.[4] More recently, the prognosis with active treatment has much improved, because intermittent self-catheterisation avoids the renal failure in early adult life that blighted the original programme. The whole controversy is well reviewed by Dr Pruitt.[5] In England the topic has somewhat fallen from public view because the incidence of live births with spina bifida has fallen; around 80% of pregnancies with this condition are now terminated.[6] Universal fortification of flour with folic acid, as practised in the US since 1998, would have prevented an estimated 2000 pregnancies with a neural tube defect in the UK in the years 1998–2016. Fortification of flour with folic acid should, therefore, be a priority UK public health policy.[6]

THE PLACE OF SEDATION IN TERMINAL CARE

Of more direct concern to GPs is the proper use of subcutaneous midazolam. Whereas appropriate doses of opioid analgesics have been repeatedly shown not to shorten life, midazolam can lead to loss of consciousness, cessation of feeding and drinking, and hence might shorten life. Studies to date, summarised in a Cochrane review,[7] show no shortening of survival time from admission or referral to death in the sedated group. None of these studies were randomised controlled studies.

Moreover, these studies were carried out in specialised institutions for the dying (95% of the patients had cancer). Only two out of fourteen studies included 'hospice at home' patients. The mean duration of sedation from initiation to death ranged from 19 hours to 3.4 days. This is a very different population from those for whom we are responsible, and who are currently receiving terminal care at home, or in residential and nursing homes.

Although there is a place for midazolam in severely agitated patients, are our staff, community nurses and others, appropriately trained in the use of these drugs? These are drugs that are typically left to the discretion of the community nurses to administer at the end of life.

And what of the staff in care homes, often migrant workers on minimum wage? Are they paid enough? Do we offer them sufficient support and training for this most responsible job of looking after our elderly at the end of their lives?

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RICHARD THE GREAT

Shortly after starting at *BJGP* in 1999 to edit *The Back Pages*, I received an email summarising the weekly content of the Big Four Generalist Journals — *Lancet*, *BMJ*, *NEJM*, and *JAMA*. The author, Richard Lehman, a full-time GP in Banbury, Oxfordshire. The content was laser sharp, effortlessly evidence based, and looked at the quality of the evidence, irrespective of evidence source (often Pharma) and wholly disrespecting the grandeur of the Big Four Generalist Journals. *'More tosh from the Lancet'*, *'Paradigm-HF epitomises everything that is wrong with heart failure studies'*. And so on.

Then more. The style wholly seductive and polymathic. Postscripts re. Plant of the Week. Literary digressions from Sumerian prehistory, to *The Anatomy of Melancholy*, to Blake and TS Eliot and the great canon of Russian literature. Recipes featuring foraging that pre-date Nomu. Took me too long but eventually signed Richard up for *BJGP* monthly *Flora Medica*. Eventually he was brain-hunted by the *BMJ* — a higher-profile weekly publication and, I sincerely hope, a modest fee.

Two key words. Weekly. Week after week for almost 20 years. For me, and all of my students, and specialist trainees, and postgrad students, and partners. A body of work that is unquestionably one of the greatest publishing achievements by any GP, anywhere, in the last two decades.

And witty. Most columns raised a smile, some a smirk, and occasionally a guffaw. Richard Lehman in late June has written his last blog for the *BMJ*. We all of us raise a glass of red wine, and a small foraged mushroom tartlet, in his general direction. Thank you!

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