**Editor’s Briefing**

**IN PLACE OF FEAR**

This month’s issue of the *BJGP* takes vulnerable people as its theme, with articles on the homeless, frail older people, asylum seekers and refugees, people with multimorbidity, and the socioeconomically deprived. Each of these groups can face challenges in obtaining access to high-quality health care, coping with everyday life, and pursuing fulfilling work and leisure activities ... but doesn’t that sound familiar? The reality is that we are all vulnerable people. Ill-health simply adds to the range of threats that we face on a day-to-day basis, whether from pollution or climate change, violence or terrorism, failing economies, or failing governments.

Aneurin Bevan, the architect of the NHS, understood much of this when he wrote *In Place of Fear* in 1952, in which he described the establishment of a national health service which removed the fear that attended sickness among people who could not afford to pay for medical attention. It’s almost impossible to overestimate the benefits of that breathtakingly imaginative and generous political act. It’s so important to remember the social glue that has held the service together, through the erosion of partnership and the disappearance of the small comforts which made arduous work more tolerable.

Twenty or thirty years ago, altruism was a golden age, but the NHS seemed to have abandoned social purpose for a kinder, gentler place than it has become. Many clinicians completely understand this, and an impulse to achieve wider social benefits informs their thinking and their actions. In general practice the Deep End Movement is an example of this, and in specialist medicine, Richard Horton has pointed out that the LancetLiver Commission showed that hospital specialists can be just as active in tackling deprivation, poverty, inequality, social exclusion, and stigma, although in the same article Horton calls to account the major UK health institutions, who are virtually silent on campaigning against health inequality and health injustice.

In this issue, Graham Watt’s editorial on this subject is essential reading. It is a call to action for general practice and offers a powerful way of inspiring the next generations of GPs and providing a metric which goes beyond the measurement of traditional health outcomes. Echoing the ideas of Julian Tudor Hart, Watt asks how publicly funded doctors can contribute to society:

‘Julian Tudor Hart maintained and demonstrated throughout his career that the NHS could and should be a model for wider society, as a gift economy based on giving as well as getting. Inclusive health care, excluding exclusions and building relationships, is a civilising force in an increasingly dangerous, divided, and uncertain world.’

Roger Jones, Editor

**REFERENCES**


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