

Editor's Briefing

HIGHLIGHTS

Don't forget cancer. Behind the headlines, some patients had to stand aside as we focused on the pandemic. Research in this month's journal reminds us about the risks of delay in referral for colorectal cancer, to think of cancer if we see a routine blood test showing microcytosis, and about shared decisions in patients with incurable cancer. William Hamilton, who has done so much to improve cancer diagnosis, reminds us in his editorial that a core skill of primary care is sometimes knowing when not to test.

Medicine has fostered some beautiful writing and many doctors are captivating

authors. In reflecting on the death of her father, Mary Jane Boland has written a short piece that will resonate with so many. We share reflections in BJGPLife.com from medical colleagues around the world and, while we have been overwhelmed with eLetters this month we can, sadly, only publish a small sample in the paper journal. Finally, for those with other creative talents, may we draw your attention to the invitation to contribute photographs and images as we redesign the BJGP cover.

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ASKING QUESTIONS

How memories fade. Do you remember the clap for the carers, health professionals, and other front line workers? Distraction therapy. Thursday evensong. Opium of the people. I don't question the genuine sincerity, nor our gratitude for this recognition, but is it all forgotten?

The grief of families whose loved ones died lonely deaths, the residue of guilt and sorrow in care workers with whom we worked so closely, the enduring legacy of the deaths of our GP colleagues, leave us with profound sadness. Often when we see avoidable human tragedy, the rise of toxic political regimes, or institutional inequality, we wonder how people could have let it happen. We have just lived through seismic change but ignored accepted principles from implementation science; quality management, feedback loops, improvement cycles. Where was the action research?

The time for reckoning was weeks ago. What will we learn from some comprehensive grand review promised for the future when the next major drama has already captured the news headlines, key figures have slipped quietly off the stage, or we have reached some presumptive microbial ceasefire? Then it will be history. Should we not begin to ask those questions now?

Our cousins in Australia and New Zealand closed their external borders. Germany was the European model of excellence. Greece did a great job. Austria coped well despite their early problems. And, we must recognise Italy for their response after such an overwhelming early onslaught. We look eastwards to South Korea, Hong

Kong, Taiwan, and Vietnam for examples of best practice, while traditional centres of excellence like the Centers for Disease Control and Prevention (CDC) in the US look hopelessly out of step.

The UK, once a recognised leader in international public health, found itself in an unenviable position. The world still looks on in disbelief; the first principles of infectious disease management taught to generations were not put into practice in the country that brought them to the world. Where will the world look to in the future when it wants to learn the best way to manage infectious disease outbreaks? Where would you look?

Perhaps we too should look in the mirror. After decades of rhetoric, rehearsed to the point of self-delusion, we believe the NHS is the envy of the world. Is it? And, what about primary care, our jewel in the crown? General practice changed overnight in mid-March. Those fundamentals of general practice; the consultation, personal care, home visits, changed utterly. Perhaps this gives us an opportunity for a profound examination of our priorities in caring for patients in primary care. And ask, what really matters?

Public health, epidemiology, and health systems organisation will be in the spotlight. But, in the shadows, should we in general practice be quietly re-examining our future role. Asking questions.

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