

HIGHLIGHTS

It's the sheer variety, the sweep of it, that makes the specialty of primary care medicine so compelling. Primary care is truly cradle to the grave, although that verges on cliché. The phrase also rings loud in British ears as the promise of the NHS. This issue of the *BJGP* could slide comfortably into a typical clinic.

Research on managing UTIs, consultations for skin conditions, end-of-life care, and children with sore ears nestle into the quotidian routine of general practice.

The editorial from John Robson and

colleagues on the Cumberlege report reminds us that medicines safety hasn't been given the attention it needs. Gordon Macdonald and colleagues take us to the 'Far End' and how we manage vulnerable, older people. Would you rather go on a home visit or house call? And Margaret McCartney and Victoria Tzortziou Brown point out the flaws in appraisal that may do us more harm than good.

DOI: <https://doi.org/10.3399/bjgp20X712649>

HERD THINKING

The daily reporting of the COVID-19 deaths during the pandemic has been a sobering, sometimes emotional, expression of the toll on our community. A reductive perspective on the pandemic has often pitted those lives versus the economy and they have been characterised as mutually exclusive, irreconcilable enemies, locked in a grotesque battle. In recent decades, gross domestic product (GDP) is a single number that dominates our lives. This concept of the 'economy' has been described as 'trying to squeeze a frog into a matchbox'.¹ Imagine if we tried to encapsulate the full spectrum of medical activities into a single stat. Losing one's job is a real and devastating event but beware the numbers: we could raise GDP at a pen stroke by including unpaid care work, a burden shouldered disproportionately by women.

The arrival of any vaccine will doubtless mean conversations with the nervous, the reluctant, and the outright hostile. We will present our case, back it up with solid data, and expect the evidence to do its magic. It's a natural position for many medics, we're comfortable (perhaps too much) with the positivist philosophical approach of an objective reality that we can observe and count. That is the appeal of GDP as well. Yet, to our horror, people will resist and we will label them anti-vaxxers. We will then be divided with heated spats sizzling and spitting across social media and in our discussions.

When it comes to these difficult conversations, it could be useful to recall social psychologist Jonathan Haidt's analogy of the elephant and the rider.² When it comes to decisions, in reality, the elephant, our initial emotional reaction, is usually deciding the direction of travel. The rider can have an

influence, but more commonly, sits astride the elephant, making it clear that the rider wanted, in a happy coincidence, to go this way all along. It can knock our sense of self as autonomous individuals but we mostly use our powers of reason for post-hoc rationalisation. We need to appeal to the elephant and not the rider, if we want someone to change direction.

Eula Biss has written beautifully on vaccination and its role in society noting that 'immunity' comes from the Latin *munis* meaning service or duty.³ Of course, immunity means to be exempted and therefore protected. Herd immunity has already been a controversial topic in this pandemic; the government flirted with it, keen to protect the economy, until someone actually noticed the potential death rate. In the GDP versus mortality contest the Government blinked and plumped for people. Small mercies, you may think. Biss also wrote that '*Immunity is a shared space — a garden we tend together.*'³ It could serve us to remember the collective nature of immunisation. Numbers will rarely trump emotion.

Euan Lawson,
Acting Editor, *BJGP*

REFERENCES

1. Pilling D. *The growth delusion. The wealth and well-being of nations*. London: Bloomsbury Publishing, 2018.
2. Haidt J. *The righteous mind. Why good people are divided by politics and religion*. London: Penguin, 2013.
3. Biss E. *On immunity. An inoculation*. Minneapolis, MN: Graywolf Press, 2014.

DOI: <https://doi.org/10.3399/bjgp20X712661>

© British Journal of General Practice 2020; 699: 473–520

ACTING EDITOR
Euan Lawson, FRCGP
Lancaster
HEAD OF PUBLISHING
Catharine Hull
SENIOR ASSISTANT EDITOR
Amanda May-Jones
WEB EDITOR
Erika Niesner
ASSISTANT EDITOR
Maira Davies
ASSISTANT EDITOR
Tony Nixon
DIGITAL & DESIGN EDITOR
Simone Jemmtt
TRAINEE ASSISTANT EDITOR
Thomas Bransby
EDITORIAL ASSISTANT
Margaret Searle
EDITORIAL ADMINISTRATOR
Mona Lindsay

EDITORIAL BOARD
Luke Allen, MBChB, MPH, PGCE Clin Edu
Oxford
Carolyn Chew-Graham, BSc, MD, FRCGP
Keele
Hajira Dambha-Miller, MSc, MPhil, MBBS
Southampton
Graham Easton, MSc, MEd, SFHEA, FRCGP
London
Adam Firth, MBChB, DTM&H, DipPalMed
Stockport
Benedict Hayhoe, LLM, MD, MRCGP, DRCOG, DPMSA
London
Jennifer Johnston, PhD, MRCGP
Belfast
Brennan Kahan, BSc, MSc
London
Nada Khan, MSc, DPhil, MBBS
Leeds
Sarah Lay-Flurrie, BSc(Hons), MSc, DPhil
Oxford
David Misselbrook, MSc, MA, FRCGP
Bahrain
Peter Murchie, MSc, PhD, FRCGP
Aberdeen
Obioha Ukoumunne, BSc, MSc, PhD, FHEA
Exeter
Peter Schofield, BSc(Hons), MSc, PhD, PGCert
London
Liam Smeeth, MSc, PhD, FRCGP, FFPH
London

2018 impact factor: 4.434

EDITORIAL OFFICE
30 Euston Square, London, NW1 2FB.
(Tel: 020 3188 7400, Fax: 020 3188 7401).
E-mail: journal@rcgp.org.uk / bjgp.org / @BJGPjournal

PUBLISHED BY
The Royal College of General Practitioners.
Registered charity number 223106. The *BJGP* is published by the RCGP, but has complete editorial independence. Opinions expressed in the *BJGP* should not be taken to represent the policy of the RCGP unless this is specifically stated. No endorsement of any advertisement is implied or intended by the RCGP.
ISSN 0960-1643 (Print)
ISSN 1478-5242 (Online)

