

PERCEPTIONS OF RISK

Highlights

The *BJGP* has a fine track record of publishing cancer research papers for primary care and this month continues in that vein. A clinical prediction tool for myeloma and validation of a novel algorithm to predict the risk of prostate cancer in asymptomatic men are important developments. Jon D Emery has written an editorial pulling these diagnostic threads together. He also brings in new qualitative research on how clinicians use gut feelings and Jean-Pierre Laake *et al's* study that took a targeted approach to

possible cancer symptoms. Lively editorials on bereavement care, suicide prevention, and equity accompany that commentary and Judith Stephenson and colleagues offer a deep clinical review of preconception health.

Two articles are intriguingly juxtaposed: a systematic review on promotion of physical activity in primary care highlights the paucity of evidence and David Nunan and colleagues have written a provocative analysis article critiquing the lifestyle medicine movement. Trojan horse or best practice? Do write to us and offer your opinion.

Risk perception and ageism

COVID-19 has ensured we have been thoroughly numbed with statistics in the past year. Risk perception remains as problematic as ever as the AstraZeneca vaccine concerns have demonstrated (is it my imagination or has the 'Oxford' been dropped in the UK-centric media coverage of late?). Recent numbers suggest that complications of blood clots have occurred in one person per 250 000 people vaccinated with one death in a million.¹ One media commentator pointedly noted that there is a word for that: 'safe'. For them, perhaps, but safety is not an absolute quality when it comes to human emotion and risk is carried by individuals. Down the statistical risk perception rabbit hole we cartwheel. One wonders how the media coverage will impact on the vaccine hesitant.

Cancer is no stranger to distorted relationships with perceived risk. The charity television appeals shriek that one in two people will get cancer in their lifetime; hellbent on raising our perception of risk. The fact that age is the biggest risk factor for cancer is rarely flagged in emotive films and there is no mention that one-third of cancers are diagnosed in the over 75s. The International Longevity Centre UK published a report in 2019 laying out the evidence for ageism and breast cancer.² When was the last time you saw a tearjerker detailing a breast cancer journey in an 80 year old?

The early pandemic responses were coloured by an approach to older people that didn't value their lives as highly. People were denied care and the residents of care homes were given scant consideration.³ It reflects our societal biases. The age-related risk of cancer doesn't diminish its importance and

there is increasing recognition of ageism as a barrier to healthy ageing. Contributors to the recent *Global Report on Ageism* from the World Health Organization state clearly they regard ageism as an important social determinant of health.⁴

Wrestling with risk and statistics can quickly lose contact with lived experience and a fine antidote is to turn to Ahmed Rashid and his long-running *BJGP* column *Yonder*. Since 2014 he has given us a wonderfully eclectic insight into high-quality papers that go beyond numbers. We are proud to publish important qualitative research in the *BJGP* but we all need a guide to help us step off the biomedical pathway beyond our pages. No one can do it better than Ahmed: this month, Irish travellers, obstructive sleep apnoea, sex workers, and post-stroke aphasia all feature.

Euan Lawson,
Editor, *BJGP*

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