

Editor's Briefing

LIVING WITH LONG-TERM CONDITIONS

I always advise my students to stay on the blunt end of the needle.

Of course, this is advice that we cannot always follow, and few of us will achieve such easy irony in the days leading up to our own deaths. We know ourselves to be mortal, but a common feature of the medical tribe is our denial of this obvious fact.

Denial is a common enough defence mechanism, and sometimes it works. If we considered our own likely eventual morbidities every time we treated a patient we would be care-worn indeed. But the unintended consequence of our ego boundaries, our semi-detached relationship to the suffering of others, is that we may fail to truly see the burdens imposed on our patients, both by disease itself and by the treatments we employ.

Susan Sontag offers an apt metaphor:

*'Illness is the night-side of life ... Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.'*¹

Some of us already use that night-side passport. For the majority of us who don't, it can be hard for us to understand what it is to live in the kingdom of the sick. Sure, we understand disease. That's our job. But it is hard to understand the lived experience of others when offered under pressure in 10-minute slices.

The *BJGP* offers a sort of model for this dilemma. We present the never-ending flow of new evidence, hard gained by research. Then, in *Life and Times* (just as in the daily online *BJGP Life*; <https://bjgplife.com>) we offer our reflections on the lived experiences and the meanings that both we and our patients find in our distinct but overlapping worlds.

Nowhere is this more relevant than for patients with chronic illness. As a student I was taught that STIs hunt in packs. Now, with an ageing population and increased treatment complexity, it seems that most chronic diseases hunt in packs. As the heat is again turned up on the pressure cooker of general practice, we have a greater than ever need to hear the voices of our patients

as they seek to navigate a path through the kingdom of the sick.

This month we are publishing evidence relating to a number of chronic conditions, addressing two classic questions — 'Can it work?' and 'Does it work?' And the changing context of our work is, of course, ever more collaborative, creating its own challenges and opportunities.

And we are also reminded of the human side of medicine — the '*caritas*' that must always balance our '*scientia*'. We are reminded of our need to keep our patients safe in the rising tide of emotional suffering. We are reminded that we ourselves are indeed mortal — we need to care for ourselves. We are reminded that mortals need intelligent compassion, not treatment algorithms, in their last days.

And we have a final jarring note. For two and a half millennia we have seen our custody of our patients' personal data as sacrosanct, to be released only with consent or to prevent harm. Yet again this is being challenged by commercial interests. Under the banner of research, GDPR seeks to smuggle in another attempt to monetarise patients' 'de-identified' data in a form that could then be re-identified. Do our patients know about this? Perhaps we all may have had other issues on our minds this year? Surely this is an important and urgent issue for us all?

Even the blunt end of the needle is challenging enough.

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REFERENCE

1. Sontag S. *Illness as metaphor*. London: Penguin, 1983.

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