Editor's Briefing

David Misselbrook

TO LONG COVID AND BEYOND!

New diseases don't come along that often. As I write, almost 5 million people have died of COVID-19 worldwide.[1] How fortunate we are in the West to be relatively wealthy, well, and fully jabbed. Yet even in the UK it feels as if normal life has stopped for the last 18 months, with bereavement, grief, economic loss, mental health problems, and now ongoing illness and disability. And the knock-on effect on treatment of the old diseases, especially cancer.

And so to long COVID — not so much a single illness as a ragbag of different diagnoses, mixing a large dollop of post-viral syndromes together with a variety of COVID-related end organ damage. It's amazing how much we have learned and how quickly. Yet how little we know. There are plenty of careers that will be made studying long COVID. But unfortunately those careers represent thousands, perhaps tens of thousands, of UK patients left with residual illness and disability. How will we investigate and treat them? How will GPs manage their needs? This month's *BJGP* steps up a dialogue that will run for a long time — as long as long COVID haunts our consulting rooms. Already we can talk about ways of helping those with long COVID, showing just how quickly we as a profession can rise to new challenges. But we as a profession have not been unscathed. As has been repeated often, it didn't take long for the claps to turn to slaps. The recent decade of ever increasing challenge in just doing the day job has made most of us aware of our own vulnerabilities. This month the *BJGP* gives food for reflection — how are we? How are we coping? We too are mortal and in need of care.

And finally we offer two perspectives on Physician Assisted Dying (PAD). The BMA recently voted to reverse the profession's official opposition to PAD, taking a neutral stance.[2] But this has been interpreted about as neutrally as a doctor's suspension, raising concerns that it implies a green light for PAD from doctors. The RCGP currently remains opposed to any change in the law on assisted dying.[3] I'm not proposing to revisit the well-worn arguments of patient autonomy in terminal suffering, citing well-known agonising cases, versus concerns that the option of PAD could morph into an implied expectation for PAD felt by the vulnerable, or that investment in palliative care may wither in favour of PAD.[4] But doctors need to reflect on the way ahead as this issue is raised once more.

This year we have all had cause to reflect on our mortality. As Euripides reminded us, *'No one can confidently say that they will still be living tomorrow.'* And none of us is immune from illness, be it long COVID, cancer, or whatever. We all need good GPs.

David Misselbrook,
Deputy Editor, *BJGP*

Issue highlights

This month, an OpenSAFELY article on coding and a Delphi study, with recommendations on diagnosis and management, add to the blossoming field of long COVID research. We present more high-quality cancer research including a report on how cancer urgent referrals have more than doubled in a decade and an editorial discusses the advent of Rapid Diagnostic Centres. The editorial on women involved in prostitution is as important as it is neglected, and we have more reflections on chronic pain. This year the Pickles Lecture was given by Professor Sheona MacLeod — we all want to see the 'Future Doctor' thrive.

REFERENCES

1. Johns Hopkins Coronavirus Resource Centre. COVID-19 dashboard. 2021. https://coronavirus.jhu.edu/map.html (accessed 5 Oct 2021).
2. British Medical Association. Physician-assisted dying. 2021. https://www.bma.org.uk/advice-and-support/ethics/end-of-life/physician-assisted-dying (accessed 5 Oct 2021).
3. Royal College of General Practitioners. Assisted dying. 2021. https://www.rcgp.org.uk/policy/rcgp-policy-areas/assisted-dying.aspx (accessed 5 Oct 2021).
4. Wilkinson D. Safeguarding choice at the end of life. *J Med Ethics* 2015; DOI: 10.1136/medethics-2015-102990.

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