

# Editor's Briefing



Euan Lawson

## REWILDING, REBUILDING, REBOOTING

This month Iona Heath writes on 'rewilding' general practice. It is a powerful editorial, at a time where wildfires in the system threaten to torch our precious primary care ecosystem. It sets out a vision for the future direction for general practice: *'knowledge of biology must be combined with an understanding of the power of biography.'*

As with any rewilding, it will take time for the regeneration. We have to be prepared to advocate for policies that will bear fruit in years to come, perhaps a generation, though we will surely feel some benefits early. Resolving the workforce crisis, for instance, is a long process but we have to ensure the ground on which these seeds land is fertile. New doctors need to regard primary care as a place they can thrive.

Iona Heath's editorial sits alongside a popular article, that first appeared on *BJGP Life*, summarising the health and climate case for moving to a plant-based diet written

by Shireen Kassam and Laura Freeman. The evidence suggests health benefits and with intensive farming practices, as well as the carbon cost, we have pushed more species in Britain to the brink of extinction than in any other European country.

As Benedict Macdonald points out in his book *Rebirding: Restoring Britain's Wildlife*, the wildernesses of Exmoor are beguiling, but are in reality *'simply empty.'* We need to be mindful of the general practice landscape. We face an analogous future of call centres and transactional walk-in practices that provide a facsimile of health care that is similarly barren.

It can be difficult to envision a better future; it stretches the short-termism of our Homo sapiens brains. The world we live in now has a perceived stamp of permanence but our horizons are all too often limited. What is more immutable than the length of a day? Yet, the tidal effect of the Moon slows down the Earth's rotation so each day is a tiny fraction of a second longer. Around 430 million years ago the day was just 21 hours long. We don't need to lose ourselves in the mind-bending qualities of deep time to push general practice forwards. We do need to snap out of the illusion of the status quo. There can be no more vacillating on climate or in our immediate world of quotidian primary care.

The immediate challenge is to build a system that prioritises the values of relationships and continuity with the scant resources that are at our disposal now. Continuity needs careful husbandry, a

## Issue highlights

Therapeutics feature in many articles this month, and two editorials explore important challenges for ensuring that primary care is getting it right for women. We have research on the use of antibiotics in adolescents and by early career GPs, as well as a study on long-term exposure to prednisolone in bullous pemphigoid. Research on social prescribing explores this novel therapeutic approach and a physical activity intervention had unexpected findings in people with multimorbidity. And don't miss the clinical practice articles on acne and Ménière's disease to guide therapy in those conditions.

precious resource we must reserve and direct at those most in need, while we provide easy access to everyday care of a more transactional nature where appropriate. Of course, reality can be messy and we can't do it all immediately. We can, however, reboot with confidence and optimism.

There is a Japanese proverb: *Vision without action is a daydream. Action without vision is a nightmare.*

In general practice, Heath offers a clear vision; now we need action.

Euan Lawson,  
Editor, *BJGP*

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### EDITORIAL OFFICE

30 Euston Square, London, NW1 2FB.  
(Tel: 020 3188 7400, Fax: 020 3188 7401).  
Email: [journal@rcgp.org.uk](mailto:journal@rcgp.org.uk) / [bjgp.org/@BJGPjournal](mailto:bjgp.org/@BJGPjournal)

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