



Euan Lawson

## WADING INTO THE POST-TRUTH SWAMP

Edward O Wilson, the American sociobiologist and humanist, died on 26 December 2021 at the age of 92. He offered some keen insight into human interactions and how we conduct research: *'Science belongs to everybody. Its constituent parts can be challenged by anybody in the world who has sufficient information to do so. It is not just "another way of knowing" as often claimed, making it coequal with religious faith.'* (*The Social Conquest of Earth*, 2012).

In recent times, society and politics have been characterised by polarisation, and the editor CP Scott would be startled to discover that facts are, as he asserted in a 1921 essay, no longer sacred.

Publishing research is a business that deals with verifiable facts; the *BJGP's* commitment is to strive to be accurate and, if we get it wrong, to correct the record with full transparency. We also want to tell people about the findings and encourage respectful debate. Yet, one doesn't have to go hunting

too hard on social media to fear for standards of engagement. It is not an easy landscape to negotiate for clinicians and academics.

As Mughal and colleagues point out in their editorial this month, academic GPs are a tiny proportion of the GP workforce. There are now a little over 36 000 full-time equivalent GPs and 254 full-time equivalent academics. GP academics make up 0.7% of the GP workforce and just 8% of the UK clinical academic workforce. Despite their small size, the research has a key role in shaping the care we deliver in primary care and, frequently, the care of marginalised people.

GPs, whether formally designated as academics or not, want to use research to inform their practice. We can all agree that we would rather primary care clinical research be designed, conducted, and reported by people who understand clinical general practice. Academics, clinicians, patients, and public alike, we all must wrestle with the ways to get that research done, make sure it is trusted, and then find a way to put it into practice for everyone. EO Wilson again: *'Perhaps most people, including many scholars, would like to keep human nature at least partly in the dark. It is the monster in the fever swamp of public discourse.'* No wonder doom-scrolling on Twitter leaves one with a touch of awe.

One of the painful lessons of wading into the swamp in our post-truth society is that a cool presentation of the facts isn't enough to bring people around to your viewpoint. We all, no matter how rational we think we are, tend to throw in our lot with one tribe or another. After that, it's all simply about justifying one's position. Uncomfortably,

## Issue highlights

What could be simpler than popping a pulse oximeter on a finger? Silverston and colleagues offer invaluable analysis to ensure we understand the limitations of these almost magical devices. O'Carroll has rattled some cages with his article 'The Triple F\*\*k Syndrome: Medicine and the Systemic Oppression of People Born into Poverty', in *Life & Times*. Two *Clinical Practice* articles will sharpen your clinical care: one on military veterans, a marginalised group; the other, on the use of antibiotics in sore throats, may be in the 'bread and butter' category of practice but we will make sure you know your FeverPAIN from your Centor from your CHESTSSS.

it can be marginalised populations who are the least likely to accept and trust the traditional institutions, which include the state, academia, and even the conscientious GP delivering evidence-based care. One can hardly blame them, and repeated shouting of the facts won't change it.

Euan Lawson,  
Editor, *BJGP*

Further notes from the Editor on the March 2022 issue (with references) can be found at [bjgplife.com/mar22](https://bjgplife.com/mar22)



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