Life & Times

Unsettled forums for unsettled times:

a plea for collegiality in public debate

I have argued before that general practice needs unsettled spaces, where differences of opinion can be aired, taboo topics can be broached, concerns can be raised and addressed, and orthodoxies challenged.[1] This particularly applied to the topic of medical ethics at conferences: the obligate concern with good and bad, right and wrong, professional and unprofessional implied that the 'losing' opinion would be dubbed 'wrong' and even prevailing 'good' views might provoke a moral panic from the public media. Conferences have a level of protection — you need a ticket of entry and there is a physical barrier to non-ticket holders. Just like closed online forums, however, there is communication with the wider world via the media, and any forum member who sees reason to share what they see, hear, or read.

BJGP Life is a forum for opinion and debate, discussion, and viewpoints, and it is open to the public. Articles are neither *BJGP* research nor the opinion of the RCGP but the views of their authors. Articles picked up for the *BJGP* Life & Times sections are re-reviewed. We want content to be accurate, encouraging authors to provide appropriate references so that readers and reviewers can check the basis of statements.[2] We want submissions to respect ethical standards, such as seeking appropriate consent when discussing particular patients, colleagues, or workplaces — the *BJGP* has a form for this!

Airing discussions in public can have huge benefits. A *BJGP Life* post on the harms of COVID-19 for children[3] was picked up by the fact-checking site www.FullFact.org.[4] The correction raised an important flaw: COVID-19 mortality in the 0–19 age group had been cited as mortality in children. The author and editors were alerted and the article rapidly corrected with a link to the Full Fact piece — adding helpful analysis that had been beyond the scope of the initial piece. As the 'fake news' phenomenon has illustrated, there is also considerable scope for harm, either as a result of an article or the responses to it creating an inappropriate air of blame or panic. Our favourite comments offer reasons and evidence rather than simply assertions and unexplained facts. Someone who has a conflict of interest may be in a bind — by declaring an interest they 'advertise it,' and by keeping quiet they 'seek to mislead'.

The theme this issue is women's health. In a workplace and society historically dominated by men, the topic of the menopause has been a taboo.[5] A newer taboo is the discussion of gender. As Richard Armitage illustrates, the ways in which our society defines and therefore records gender have practical, health-impacting implications.[6]

The airing of concerns is vital in the distinction between journalism and propaganda. Years ago, I was dismayed to see colleagues lambasted for suggesting that confidentiality might be more complicated than the public might perceive.[7] In this issue, Wynne-Jones and Chew-Graham tell us why GPs mustn't lose their role in supporting people back to work.[8] Toon reflects that removal of mandatory isolation will mean that those who have COVID-19 take on the ethical responsibility for the protection of others,[9] while Heath *et al* highlight the problems the #newnormal is causing to medical education, arguing that recognition of this effect is needed before there is lasting damage to the future of the medical profession.[10] Should we be airing these concerns? I think so.

We also see some approaches offered for reflection and empathy. A group of GPs used reflection on children's stories as a way of thinking about professional challenges. Sometimes GPs can feel like the Stick Man, trying desperately to get home at the end of the day, while others only seem to see their instrumental value.[11] Narrative as a vehicle for understanding is also showcased in Launer's operatic reflections on Mozart's *Magic Flute*.[12] A shared experience of literature and the arts might be a vehicle for shared understanding, enhancing rather than undermining that experience. Koki Kato takes this idea further, using phenomenology (a philosophy of lived experience) to come to a more empathic view of illness.[13] It is easy to imagine these being excluded from a conference programme as 'unscientific' or not clearly mapping to headings such as 'clinical innovation'. In the current life and times of general practice, where our ability to meet and talk are limited by workload and biosecurity alike, collegiality in our forums is more important than ever. Join the discussion on www.bjgplife.com.

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