

My childhood hero from the British television series, *Doctor Who*, is a traveller in time and space, who claims to be a 'citizen of the universe'.¹ With such a literally cosmopolitan² ethic, The Doctor was incapable of ignoring injustice anywhere he/she (it's complicated!) came across it. Even with such a 'woke' role-model, I regret that I used to get annoyed with colleagues more focused on international than domestic concerns — there is, after all, so much local need and controversy in the UK primary care setting. When we are struggling here, why should we care what happens there? And yet, the first 20 years of the century have more than demonstrated that it is no longer possible to maintain a geographically or professionally insular attitude to practice. The selection of articles for this issue's *Life & Times* is influenced by the concurrent joint conference of the RCGP and WONCA [29 June to 1 July 2022], but remains relevant to all of us, because, like it or not, practitioners in primary care must now be global in their outlook.

'GLOBAL' IS NOT PURELY A GEOGRAPHICAL ADJECTIVE

Our book reviews this issue remind us that 'global' is more than a geographical adjective when it comes to the knowledge, skills, and attitudes of GPs and the wider primary care team. John Spicer dusts down an old philosophical classic, 'On Bullshit,' and arms us against the carefree and careless untruths of national politics.³ Trish Greenhalgh suggests we learn from other disciplines about the folly of taking an overly reductive, one-variable-at-a-time view of the world and mistaking it for the highest form of science.⁴ Pearce Cusack takes a deep dive into the medical humanities with an anthology of literary writing by Iain Bamford.⁵ All remind us of the holistic approach considered an essential feature of family medicine by WONCA.² This approach must have time and space for dreams and logic.

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GLOBAL SPECIALIST GENERALISM

Joanne Reeve invites us to use the challenges in primary care to rethink the 'generalist' specialty that is family medicine.⁶ Consideration of wider human need is a 'cause célèbre' of primary care, and Nada Khan highlights the implications of fuel poverty and food insecurity for clinical practice⁷ — an international phenomenon that is now headline news in the UK.

Nicolson reminds us that, regardless of whether it is causative or exacerbating, trauma is worth asking about in the context of fibromyalgia. She also showcases how to audit whether trauma is asked about in consultation.⁸ On an intimate level, Aldis Petriceks witnesses a core aspect of family medicine in the surgical intensive care unit, the care of the bereaved family member.⁹

PRIMARY CARE IN UKRAINE

This issue of the journal is overshadowed by an international meeting of GPs and a war between two countries. At the risk of seeming partisan, we celebrate cultural change with and humanitarian support of Ukraine. Our correspondent in Ukraine, Richard Armitage has been supplying weekly briefings to *BJGP Life*. Here he discusses the implications of the war in Ukraine for the control of COVID-19 in the region.¹⁰ Oleksii Korzh writes to us on behalf of academic primary care in Ukraine,¹¹ and we hear from colleagues on the history and future of the international RCGP fellowship in the region.¹²

GLOBAL PRIMARY CARE HAPPENS WHERE WE LIVE

So how can knowledge, attitudes and skills be both global *and* local? Is this as oxymoronic as the specialist, 'general-ism,' espoused by Joanne Reeve.⁶ The obvious answer lies in the correspondence between primary healthcare workers and diverse national settings. Transcultural issues are a local feature of any human settlement that is not

a political, ethnic and religious monoculture. World wars, global economic shocks and pandemics have taught us that global events affect us all. On a personal level, GPs in many countries (including the UK) espouse a global, holistic and cosmopolitan perspective on the basis that this makes us better (morally and medically) practitioners.² While a holistic approach to practice has become harder to ignore, arguably it should never have been so.

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