

'No man is an island entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less ...' wrote the poet John Donne.<sup>1</sup> The idea that people are connected in fundamental ways is echoed by EM Forster in the novel *Howards End* with its infamous epigraph, 'Only connect'.<sup>2</sup> Fans of *The House of God* author Samuel Shem will also recognise the emphasis on connection throughout his medical and non-medical fiction.<sup>3</sup> British GPs also endorse the idea of connecting with others through holistic practice and therapeutic relationships. Theories of relationship-based care have been adopted by the Royal College of General Practitioners.<sup>4</sup>

### PERSONAL CONNECTIONS

When we think of relationships, it is natural to think of personal and professional relationships with patients and colleagues — a basis of 360-degree feedback in the appraisal of UK doctors (worth reflecting on!).<sup>5</sup> Giles Dawney forecasts the manifest and manifold relationships that circumscribe 21st century general practice.<sup>6</sup> Making fast professional relationships is not easy — Tim Senior reflects that establishing a rapport with a patient is like giving a virtuoso recital with music that one has not previously seen.<sup>7</sup> Beatrice Khater and Bassem R Saab at the American University of Beirut use the film *The Last King of Scotland*, set in Idi Amin's Uganda, to explore the unequal and exploitative relationships initiated through bribery and corruption.<sup>8</sup> Nada Khan asks us to consider the multiplicity of professions delivering clinical services in primary care and their relationship to patients and to us.<sup>9</sup> But our relationships with work and each other leave us vulnerable to injury, and these injuries can overwhelm us if not addressed. Louise Stone reflects on the awful event of a colleague in distress taking their own life.<sup>10</sup>

### FUNDAMENTAL CONNECTIONS

Clearly, there are fundamental connections and relationships that underly good general practice. They transcend our interactions on

the day to day and influence who we are and what we do. We connect with people, but also with environments and even ideas.

In the previous issue we considered our relationship with the world and the world's relationship with us. Richard Armitage considers how the war in Ukraine has affected medical education for Ukraine and beyond (Ukraine has been a source of international medical graduates).<sup>11</sup> Ivy Mitchell and I review a seminal text — Kate Raworth's concept of 'Doughnut Economics' is in essence that we should consider the needs of people (the inner ring) and the resilience of our finite environment (the outer ring).<sup>12</sup>

Hannah Milton reviews *Our Mothers Ourselves*, in which six authors of differing careers, backgrounds, and geography write about their mothers' lives in six chapters, connected by themes of mothering, immigration, and cultural change.<sup>13</sup> We are in an inescapable relationship with our world — in both a geopolitical and cosmic sense.

### LIVING, DYNAMIC CONNECTIONS

In this issue we host a discussion of the Research Paper of the Year. Carolyn Chew-Graham and Helen Leach make the relationships between primary care research, education, and practice explicit.<sup>14</sup> The 'translation' metaphor somehow does not do this justice. I was struck a few years ago by some texts on teaching and learning in higher education. It argued that teachers should help learners gain awareness of how every part of education (including assessment) could relate to them — trapping them in a web of consistency.<sup>15</sup> But like translation, a web is an inadequate metaphor for a living dynamic network. None of us is an island — we survive and flourish though the quality of our relationships. As Samuel Shem put it, 'The essence of medical care, and life, is connection.'<sup>16</sup>

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