

Swiss physician Johannes Hofer coined the term 'nostalgia' in his 1688 medical dissertation from the Greek 'nostos', or homecoming, and 'algos', or pain.¹

This time of year, with its cascades of vibrantly coloured leaves, is also the start of the academic calendar. Even with the challenges that beset primary health care, autumn brings the promise of a winter renewal, not least through teaching and learning. I find it hard not to feel a little nostalgic about the 'back to school' season. A powerful narrative of teaching and learning links the articles in this issue's Life & Times.

THE CHALLENGES OF TOMORROW

A key goal of education today is to prepare learners for the challenges of tomorrow. For today's and tomorrow's GPs to be able to engage with climate-related health threats in partnership with their patients, medical curricula must shape teaching and learning now. Royal College of General Practitioners Curriculum Lead for Planetary Health, Suchita Shah, discusses what this means for GP education.² Although GPs may well be aware that the 'climate emergency' is also a 'health emergency', many of us do not make the connection with clinical practice when it comes to taking action. We often fail to realise that the majority of a general practice's carbon footprint results from clinical activity, and that part of the clinical role in primary care is educational. Vasumathy Sivarajasingam shares some tips on how GPs can make a practical difference.³

IS HALF OF WHAT WE LEARN WRONG?

Many of us will remember a lecture given to us by a senior clinician at the start of our careers, that half of everything we are learning is wrong, but we do not know which half! Rayan Alfuhaid argues that overprescribing of opioids may in part be because our received wisdom comes from managing cancer pain.⁴ An audit of opioid prescribing in general practice inspired him to reflect that primary care may both raise awareness of an educational need, and offer solutions

to address that need. Nada Khan highlights new research into the serotonin theory of depression that raises two separate but related issues. The first is our understanding about the aetiology of depression. The second is understanding why we prescribe antidepressants.⁵ The take-home message is that these medications may help some people but we prescribe them too often and perhaps for the wrong reasons.

Ahmed Rashid as usual samples a smorgasbord of practice-relevant wisdom: primary aldosteronism, artificial intelligence, irritable bowel syndrome, and financial toxicity are on the menu.⁶ Wisdom is located both in our cells and our society, a point that Tim Senior makes when he asks, 'Where do diseases live?' *'It seems an odd question, but perhaps an important one, because we need to find a disease in order to treat it [...] If we don't recognise the location correctly, we end up treating poverty with statins.'*⁷

Terry Kemple finds that David Haslam is uniquely placed to reflect on the important questions of modern British health care. Haslam's new book, *Side Effects. How Our Healthcare Lost Its Way And How We Fix It*, calls for clarity about what the focus of health care should be, and attempts to describe and address many of the problems of modern health care.⁸ I can well imagine either of them giving the 'half of everything we are learning' lecture!

A CURE FOR NOSTALGIA

The arts and humanities can be profoundly deployed in medical research and education. 'Found poetry' is a neat example. It is created by taking words and phrases from other sources and reframing them — the literary equivalent of a collage. Jessica Watson and Fiona Hamilton demonstrate how the approach can be applied to qualitative research to capture and share experiences, ideas, and meanings in the form of a poem.⁹ Sentiment, feeling, and nostalgia can be powerful, and potentially overwhelming. For Hofer, nostalgia was similar to paranoia, except the sufferer was manic with longing, not perceived persecution,

and similar to melancholy, except specific to an object or place.¹ While nostalgia is no longer a widely accepted psychiatric diagnosis *per se*, practitioners and public alike can feel the passing of history and it isn't always a comfortable experience. The recent death of Britain's Queen Elizabeth II exemplifies the mingling of public grief and nostalgia.¹⁰

A fondness for the past can allow us to feel joy at the smell of new textbooks or the crunch of fallen leaves underfoot. It can also allow us to move forwards as well, learning from the past without repeating its mistakes. In this sense, education can be at least a partial cure for nostalgia.

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