

productivity metrics, made communication noisier and responsibility blurred. Some patients have become 'uninteresting' to the system because they did not fit established pathways, generated higher costs, or scored poorly in performance indicators.⁴ They were swept under the rug in a new form of paternalism, not from doctors, but from their subordination to management expectations in a 'dictatorship' of acquired rights. Instead of equity and equality of opportunity, the system risks offering the tyranny of the majority and the illusion of equal outcomes.

Restoring safety and dignity requires confronting the causes of violence directly, reinforcing the legitimate authority of clinicians, strengthening patient accountability, and rebuilding the relational foundations of care.

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Authorship inflation in general practice research: unanswered questions to address?

We live in an era of inflation — consumer prices, political rhetoric, degree classifications. The recent edition of the *BJGP* (Jan 2026) reminds us of a similar phenomenon in the number of authors listed on research papers. Do we really need 10 researchers to analyse a GP database on antidepressant prescribing in pregnancy,¹ or 15 contributors to conduct a nationwide survey of postural hypotension in general practice?²

The issue is recognised, with multiple factors implicated, including increasing research complexity.^{3,4} However, it raises an overlooked concern from a societal perspective of the cost-effectiveness of health research programmes in general.

The efficiency of any activity is measured by its output relative to the resources consumed in its production. The utility of health service research output is inherently difficult to quantify, and in many cases marginal. But we can be sure that the resources invested in each research output are rising significantly — a concern against a background of increasing demands on limited healthcare resources.

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Use of abbreviations in the *BJGP*

An abbreviation is a short form of a word or phrase. The following examples were contained in the editorial and research sections of the recent edition of the *BJGP*: CYP (children and young people), NHCs (Neighbourhood Health Centres), MHPs (mental health presentations), EDs (emergency departments), SDM (shared decision making), PP (patient preference), SAS (special allocation scheme), SMD (severe and multiple disadvantage), EI (early intervention), SMI (severe mental illness), ID (intellectual disabilities), PH (postural hypotension), PBA (person-based approach).

Certain abbreviations are easily recognised, such as NHS, GP, and GMC; however, reading an article with too many unnecessary or specialised abbreviations can be confusing and irritating for the general reader.

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Correction

In the Analysis article 'Medicines and society', C McCarthy. *Br J Gen Pract* 2025; DOI: <https://doi.org/10.3399/BJGP.2025.0050>, there were some errors in the reference numbering leading to reference citation errors. The article has been corrected online. We apologise for the error.

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