

Editorial – Clinical

A London view

Shamini Gnani
Clinical Editor

A: “I’ve forgotten all my science: what’s the use of my pretending I haven’t? But I have had great experience: clinical experience; and bedside experience is the main thing, isn’t it?”

B: “No doubt; always provided, mind you, that you have a sound scientific theory to correlate your observations at the bedside. Mere experience by itself is nothing.”

Doctor’s Dilemma: George Bernard Shaw

Shaw’s dilemma is as true today. How do we explain to patients the distinctions between the lack of evidence for unproven or untested treatments, the generalisability of existing evidence, or dubious practice? There is a perception among some that the term ‘evidence’ is being used loosely and often as a pretext to cutting services and jobs. With the media’s fascination for health and NHS bad news stories, the public are suspicious, as too are patients wondering whether decisions being made by doctors and managers are based on cost. A key area of contention has been around drug prescribing.

Will access to multi-media health information help explain the complexities? Patients often wish to discuss health issues that they have heard on the TV or radio, or read in magazines or newspapers, or even ‘Googled’ on the internet. Without doubt the medium of the internet has radically affected our lives, and will continue to do so. For example, the UK government is actively pursuing the purchase of broadband for children from poorer families, as the internet is now an essential requirement for homework and school. This journal

itself is mainly internet based. Changes are going to take place even faster, and as health professionals we will all have to be better skilled at sieving, interrogating, discarding information, and drilling down to solve health problems, within the context of the individual, family and community and exercise good judgement (the art perhaps).

As clinical editor, I would welcome articles that reflect the multi-disciplinary nature of primary care. These may be in the form of patient narratives or case reports, clinical studies, or commentaries on the evidence base of guidelines and issues on implementing them in practice. I would welcome debates and share the angst on what is considered unscientific practice in primary care, and the extent to which there may be promotion of questionable health products and services in London.

ADDRESS FOR CORRESPONDENCE

Dr Shamini Gnani
Senior Clinical Adviser
Department of Primary Care and Social Medicine
Imperial College London
Charing Cross Campus
Third Floor, Reynolds Building
St Dunstan’s Road
London W6 8RP
UK