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Indulging passions: a route to good doctoring

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Most articles in *The BMJ* aren't written by staff. Many are commissioned, and the rest are selected from submissions we receive through a process of open peer review and competition. When *The BMJ* publishes a study it has been peer reviewed by several experts, discussed at a committee by twice as many editors and methodologists, scrutinised by a statistician, revised possibly several times over, and copyedited and proofread to within an inch of its life. These decisions may be baffling to people who aren't data literate or haven't mastered critical appraisal and research methods, but that's how you make it into the top 3% of submissions to *The BMJ*.

Competition, Matt Morgan offers, may be a bad thing (doi:10.1136/bmj.p1325).[1] The pursuit of excellence in professional life might be enriched by indulging the mediocre in our down time. Singing badly in a choir, making up the numbers in a sports team, and painting an unrecognisable still life are all pursuits to be encouraged. Otherwise, dabbling in film, theatre, books, and even *Love Island* can help make better connections with patients (doi:10.1136/bmj.p1307).[2] Relating to patients isn't a skill that comes easily to all health professionals, and perhaps the demand for higher and higher academic achievement for entry to medical school doesn't precisely match the skill set required for good doctoring?

Perhaps medical school beats the good doctoring—our passion for caring, our identity—out of us? You go to medical school to make a difference, observe Florence Wedmore and Charlotte Rose (doi:10.1136/bmj.p1238), and "five years in, the most helpful thing you've done was make someone a cup of tea."[3] When and if you reach that 50th medical school reunion, you've probably rediscovered your identity, but you might have lost loved ones and possibly your religion (doi:10.1136/bmj.p1319).[4]

Lorna Pender describes the distressing experience of navigating care as a person with hair loss that started at 8 years of age (doi:10.1136/bmj.p965).[5] Pender tended to be more aware than her doctors of potential management options, and she was left frustrated when these weren't discussed. At times her appointments missed some basics of care; they felt rushed and didn't afford sufficient dignity. Pender's doctors, too, were undoubtedly juggling competing demands on their time. Time, that most precious commodity, allows patients to feel valued and cared for. Yet, how do you deliver the 379 lifestyle intervention recommendations in 57 guidelines of the UK National Institute for Health and Care Excellence, for example (doi:10.1136/bmj.p1323)?[6]

Creating more time in busy clinical settings is a task that doctors and managers must do together. By some anecdotal accounts, health services are awash with managers, complicating the delivery of care and generally meddling in clinical work. However, a new analysis finds that England's health and care system has a shortfall of 10 000 managers (doi:10.1136/bmj.p1313).[7] Doctors are taking on tasks that belong to managers and keep them away from good doctoring. The notion that "managers are superfluous . . . is both offensive and silly," says Helen Salisbury (doi:10.1136/bmj.p1332).[8]

Inevitably, we need better data. But the recognition of a problem doesn't readily translate into cleaner, granular, more relevant data (doi:10.1136/bmj.p1281).[9] What's true of data on ethnicity to improve healthcare services (doi:10.1136/bmj.p744) is also true of e-cigarettes for harm reduction (doi:10.1136/bmj.p1216), WHO's decisions on declaring and ending pandemics (doi:10.1136/bmj.p1190 doi:10.1136/bmj.p909), new antiobesity drugs (doi:10.1136/bmj.p1308), gender care services (doi:10.1136/bmj.p1344 doi:10.1136/bmj-2022-073584), and peer review itself (doi:10.1136/bmj-2023-075719).[10-17]

One answer is for more health professionals, managers, policy makers, the media, and the public to become data literate, to better understand research methods and critical appraisal to support better decision making and save time. It isn't a sexy answer or a vote winner, but investing in education more broadly as a route to better health, prosperity, and equity is certainly a good place to start (doi:10.1136/bmj.p916).[18]

1 Morgan M. Matt Morgan: Healthy competition and incompetence. *BMJ* 2023;381:p. doi: 10.1136/bmj.p1325 pmid: 37311578
2 O'Dowd A. Focusing on people not symptoms: the consultant psychiatrist. *BMJ* 2023;381:p. doi: 10.1136/bmj.p1307 pmid: 37311587
3 Wedmore F, Rose C. Lost your identity at medical school? Try doing something different. *BMJ* 2023;381:p. doi: 10.1136/bmj.p1238 pmid: 37257899
4 Launer J. John Launer: A medical school reunion. *BMJ* 2023;381:p. doi: 10.1136/bmj.p1319 pmid: 37315985
5 Pender L. Help me find treatments and clinical trials. *BMJ* 2023;381:p. doi: 10.1136/bmj.p965 pmid: 37315955
6 Mahase E. Sixty seconds on . . . lifestyle advice. *BMJ* 2023;381:p. doi: 10.1136/bmj.p1323 pmid: 37295789
7 Limb M. England's 10 000 "missing managers" are holding back the NHS, says think tank. *BMJ* 2023;381:p. doi: 10.1136/bmj.p1313 pmid: 37290783
8 Salisbury H. Helen Salisbury: In praise of managers. *BMJ* 2023;381:p. doi: 10.1136/bmj.p1332 pmid: 37311589
9 Scobie S. Ethnic inequalities in health and care show diversity in need and disadvantage. *BMJ* 2023;381:p. doi: 10.1136/bmj.p1281 pmid: 37311573
10 Martin G, Mathur R, Naqvi H. How can we make better use of ethnicity data to improve healthcare services? *BMJ* 2023;380:p. doi: 10.1136/bmj.p744 pmid: 36997191
11 Cohen J E, Gartner C, Edwards R, Hammond D. Australia tightens its prescription-only regulation of e-cigarettes. *BMJ* 2023;381:p1216.
12 Carlson C, Katz R. WHO ends public health emergency designation for mpox. *BMJ* 2023;381:p. doi: 10.1136/bmj.p1190 pmid: 37277145
13 Looi MK. What could the next pandemic be? *BMJ* 2023;381:p. doi: 10.1136/bmj.p909 pmid: 37277142
14 Iacobucci G. Wegovy: Weight loss drug to be available from GPs in pilot scheme. *BMJ* 2023;p381:. doi: 10.1136/bmj.p1308 pmid: 37290805

15 Mahase E. Puberty blockers for young people will only be available as part of clinical research, says NHS England. *BMJ* 2023;p381:. doi: 10.1136/bmj.p1344 pmid: 37308216

16 MacKinnon KR, Expósito-Campos P, Gould WA. Detransition needs further understanding, not controversy. *BMJ* 2023;381:e073584. doi: 10.1136/bmj-2022-073584 pmid: 37315956

17 Ben Messaoud K, Schroter S, Richards M, Gayet-Ageron A. Analysis of peer reviewers' response to invitations by gender and geographical region: cohort study of manuscripts reviewed at 21 biomedical journals before and during covid-19 pandemic. *BMJ* 2023;381:e075719. doi: 10.1136/bmj-2023-075719 pmid: 37311585

18 Smith R. Spending ever more on the NHS and less on education: is this sensible? *BMJ* 2023;381:p. doi: 10.1136/bmj.p916 pmid: 37085160