An inconvenient truth: question your faith

This is the season to reconsider your faith. Do you believe? Or do you consider that everything you once believed in is without foundation? In that case, how strong was your faith in the first place? Did you believe because that is what you were taught to do? This would be true for many of us who read medical journals. But is your dogma prepared to learn new tricks? It should be—at least, that is the conclusion of Faina Linkov, Mita Lovalekar and Ronald LaPorte, who have decided to ruin the festive season by shattering our faith in peer review—and more importantly, in scientific journals generally (pp. 596–598).

They expose us to something that Al Gore, the man who could have been president had it not been for a quirk of arithmetic, would have approved of. They expose us to an inconvenient truth, a phrase that Gore coined with his lectures, film and campaign about climate change. And in the true spirit of any self-respecting publication, which is fully prepared to accept a great idea when hit in the face, the *JRSM* is borrowing that idea and adapting it.

This issue features a special section that explores the inconvenient truths in the world of medicine and health care, with particular focus on the UK. The brief for our writers was to choose a topic that they believe to be an elephant in our consulting rooms, on ward rounds or in the arena of health policy—something so big, bothersome and probably pungent that nobody dares talk about it.

The choices of our correspondents are revealing. Ian Forgacs kicks off with a sorry tale of how he shed his principles and seat at the high table of The Medical Committee Against Private Practice to pocket the private shilling (p. 645). Aneez Esmail considers the patient consultation and offers the sensible verdict that our service to patients would improve if general practitioners offered a minimum fifteen minutes for each consultation; something both blindingly obvious and blindingly difficult to implement, although inconvenient truths are not necessarily pragmatic (pp. 645–646).

Daniel Sokol—who elsewhere reviews the ethically dubious but fascinating history of doctors deceiving patients

(pp. 633–637)—and Samantha Hettige choose to reprimand clinicians for their love of illegible handwriting, a situation that takes some explanation in a world (rightly) obsessed with patient safety (p. 646). But as somebody with notoriously illegible handwriting, I suggest that the electronic world beloved of Linkov and colleagues might be the answer to the prayers of all practitioners of illegibility.

Hasantha Gunasekera tackles the tricky issue of terrorism and our obsessive fear of air travel when we are at greater risk while driving to an airport to catch a flight (p. 647). As he puts it, 'Where are the masses sweating and shaking with fear as they climb into their cars?' While terrorism is a global problem that has to be addressed, Gunasekera reminds us of the words of American public health expert Jeffrey Sachs: 'We need to keep September 11 in perspective, especially because the ten thousand daily deaths (from AIDS, TB, and malaria) are preventable.'

Interestingly, two of our writers focus on a similar theme. Sophie Petit-Zeman and Phil Hadridge identify the lack of compassion demonstrated by the National Health Service as a fundamental failure of medical care (pp. 647–648). We all know that their lament is plausible, but how many of us have ever done anything about it? John Main wraps up this special section and issue with an inconvenient truth for doctors: we have great jobs, we are paid well, and this is as good as it gets, so we should all stop whinging (p. 649).

And what of Linkov, Lovalekar and LaPorte? Their article does not appear in the inconvenient truths section, but it is an inconvenient truth for readers, authors, peer reviewers, publishers and even journal editors: the scientific journal process is not a part of the scientific method, journals are not 'fit for purpose', and science deserves a better method of disseminating information, a method that is free of faith but full of rigour. That's one inconvenient truth that I could not possibly agree with—or could I? This issue contains much else to enjoy, debate and disagree with, and as long as journals retain or acquire faith in that formula they will continue to serve scientists and clinicians.

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