

# Simple, fresh, tasty and local

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Campbell Murdoch rightfully mourns the passing of the *NZFP*. Although he suspects foul play, hers was not an untimely death.<sup>1</sup> While we may grieve her loss, we can also welcome the *Journal of Primary Health Care* (*JPHC*), whose time has come. Like Campbell, I remember nostalgically when, as a GP, I was 'a clinician, physician, [minor] surgeon, obstetrician and paediatrician'. My work day routinely included family planning, palliative care, 'VD' (now called sexual health), numerous cervical smears and dealing with patients with addictions. There were also opportunities when my resuscitation skills were required, and I was frequently up all night attending patients in their homes when I was on-call. Except possibly for a few rural colleagues, those days have passed.

The content of general practice has fragmented, with roles played not only by other doctors, but also by colleagues from other disciplines, including nursing and pharmacy. The Primary Health Care Strategy was introduced in 2001.<sup>2</sup> Its mission was to shift from traditional general practice to 'a new direction for primary health care with a greater emphasis on population health and the role of the community, health promotion and preventive care, the need to involve a range of professionals'. This is the model under which now we work. What still requires greater clarity is the role of these different professionals, how they work together and how care is integrated.

Campbell is right—we still need our own doctor. GPs are pivotal to health care. We know our patients and their families. The relationship is the key. We need communication and integration—to be informed if our patients are on the pill, pregnant, taking complementary and alternative medicines, receiving methadone maintenance therapy, in the hospice for respite care.

The final issue of *NZFP* included editorials from its distinguished line-up of previous editors

with advice and support to me as the incoming editor of the new journal. Rae West can be reassured that the *JPHC* remains the academic publication of the RNZCGP, 'by and for doctors',<sup>3</sup> although with considerable contribution from colleagues from numerous other disciplines, and of significant relevance and interest to their practices.

*JPHC* aims both to move research into practice and practice into research. Latest evidence is provided in a distilled form for rapid and easy assimilation by busy practitioners. These will be pithy and succinct, hopefully avoiding one of the challenges articulated by Ian St George, of 'information smothering'.<sup>4</sup> As well as the *POEMs* ('Patient Oriented Evidence that Matters') lauded by Rae,<sup>3</sup> you will find the *Cochrane Corner*, a *String of PEARLS* ('Practical Evidence About Real Life Situations'), *Gems* (short précis) of *NZ Primary Health Care Research*, *Charms and Harms* (evidence on the effectiveness and safety of herbal and other complementary remedies), *Pounamu* (precious Maori research, essays and items for practitioners) and brief synopses of guidelines and bulletins.

This first issue focuses on mental health. Many of the contributions are by GPs. Bruce Arroll and Ngaire Kerse go *Back to Back* on giving benzodiazepines to the elderly.<sup>5</sup> Katherine Wallis, our guest ethicist, writes elegantly about the possible effects of the knowledge of uncertainty.<sup>6</sup> Fiona Moir, Richard Fox, Renske van den Brink and Susan Hawken discuss communication strategies to enhance patient self-care.<sup>7</sup> Helen Rodenberg presents a discussion paper on responses to mental distress and loss of well-being; Andrew Corin ponders on mind over matter.<sup>8</sup>

This issue also contains valuable contributions from a diverse range of other disciplines, including pharmacy, public health, physiotherapy, psychology, psychiatry, nursing and midwifery.

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Our *Pounamu* (Maori primary health care treasure) this month is provided by psychiatrist Pamela Bennett, who discusses how to bridge the Maori and Pakeha worlds when assessing and managing Maori with psychiatric illness.<sup>9</sup>

Read the challenge issued by our editorial board member Peter Crampton, public health physician and Dean of the Wellington School of Medicine, on a primary care-led medical education system,<sup>10</sup> and the thought-provoking article by another board member, psychologist Barry Parsonson, on whether giving psychoactive drugs to control children's behaviour is evidence-based.<sup>11</sup> Psychologist Fiona Mathieson and psychiatrist Sunny Collings, joined by Tony Dowell (GP and editorial board member), consider ultra-brief interventions as alternatives to drugs in treating unhappiness.<sup>12</sup>

PHO initiative she championed to provide an intervention pathway for patients with mild and moderate mental health and lifestyle problems.<sup>15</sup> Sadly, Jill died suddenly and unexpectedly in December. Her paper was under revision and we have published her final version as she left it.

Amanda Wheeler et al. explore the challenge of assessing and managing cardiovascular risk in patients with mental health problems and the difficulties of the primary/secondary care interface.<sup>16</sup> A study finds that facial acne has a significant emotional and social impact on Malaysian high school students, and is likely to be generalisable to our NZ adolescents.<sup>17</sup>

A study on Samoan perception of the purpose of antibiotics reveals just how important communi-

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Moving practice into research requires collaboration. Guest editor of the final *NZFP*, Susan Dovey, expressed concerns 'about leaving research to university-based researchers'.<sup>13</sup> Just as today's GPs do not practise in isolation, so too they cannot be expected to conduct research on their own. Preparing research proposals and ethics applications and following proscribed protocols for specific methodologies takes both time and expertise. *JPHC* will regularly publish studies conducted by GPs and other primary health care practitioners under the mentorship and support of their university colleagues.

The original studies in this issue are diverse, but all address practical issues for practitioners on the ground. Bruce Arroll and colleagues present results from a large study on the prevalence of depression in Maori.<sup>14</sup> Jill Calvey describes the

cation with our patients is, and that it cannot be assumed that patients share a Western scientific understanding of what antibiotics are or do.<sup>18</sup> Finally, on a very practical level, the systematic reviews of shoulder injury assessment<sup>19</sup> and management<sup>20</sup> provide summary tips on diagnosis and treatment.

Campbell Murdoch points out that NZ leads the world in general practice and primary health care publications per head of population,<sup>1</sup> which are now accessible to you in our *Gems* section. A surprising number of NZ books of interest and relevance to family medicine are also published, which are critiqued by local reviewers.

*JPHC* provides a forum for discussion and debate. As well as *Back to Back*, essays, the guest *Ethics* column and editorials, we welcome letters to the

editor. The electronic version of *JPHC* is available free; we aim to publish 'in press' papers online prior to release of the hard copy, and electronic discussion will come as soon as the IT capacity is available.

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To follow through on Ian St George's culinary metaphor,<sup>4</sup> *JPHC* offers a smörgåsbord of wholesome dishes. Continuing professional education is served as simple, fresh and local morsels. Essays and editorials offer more meaty fare—tasty but easily digestible. Original scientific papers have pride of place at every table, presented in a palatable fashion. Readers either may merely pick at the abstract and summary box, or devour the studies in their entirety.

You may choose to graze from time to time or to sit down for the full meal. Either way, I wish you bon appétit.

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