



EDITORIAL

One of the more difficult aspects of the era of Evidence Based Medicine has been the lowly status that has been afforded in the hierarchy of quality of evidence to case reports. The *Journal* has always taken a lot of interest in case reports.

They represent evidence of imaginative and critical thinking at ward or departmental level. They are a valuable proving ground for eager young authors. They are arguably more readable than the 'proper scientific stuff'. They show that there will always be an exception to protocol and menu driven approaches to diagnosis and treatment, and as ever we are pleased to publish some this month. Please keep them coming.

Case reports aside, we are celebrating progress in the operating department, the psychiatry services, and the interface between the medical model of illness and the biopsychosocial model. Innovation takes a good deal of time before it bears fruit. It is five years since a former Medical Director had the vision to invite a multidisciplinary group of clinicians and representatives of patient groups to discuss the ways in which the biopsychosocial model of illness could be harnessed to prevent the waste of resources in the biomedical domain. Sadly, there has been little progress. But, as Ashcroft claims, over a short period of time and with a very limited input of expert resource, the way in which patients perceive their medical problems can change. Return

to work can become possible for some. Maybe other services could use this approach. The fashion for nurse specialists undertaking a variety of roles in the Trust demonstrates a willingness of clinicians to abandon a strictly biomedical approach (or is it just a question of finding a willing pair of hands?), but it may need to go further. Nurse specialists themselves could be encouraged to explore the biopsychosocial model and to move appropriate patients away from the increasingly technical environment of the acute service. Innovation saves scarce resources, as Thompson claims, but its implementation does require investment in training and making staff available at the right time. Yesterday's innovation, properly developed and wisely led, as shown by Watts-Tobin, is Today's service. And probably Tomorrow's 'must have'.

The *Journal* continues to evolve: Tom Poyser, currently a medical student, and Andrew Higham, a nominee of the Consultant Medical Advisory Committee, joined the editorial board last year. Tracey Roberts-Cuffin kindly found a home for us in the Education Centre library. Tom is gearing up for an appearance as 'Guest Editor' for the summer edition so he is on the lookout for articles about the medical school or from medical students. All such submissions, plus of course any others, will be cheerfully considered.

Andrew M Severn
Editor

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