

# Editorial



Dear Readers

I hope you enjoy perusing the ultimate *MBMJ* of the year!

Throughout 2017, as ever, the Titanic of the NHS has steadied itself against many an iceberg, its strong sinews resulting in another year of contused survival.

As metaphorical icebergs go, currently none feels quite so significant for the NHS as the looming 'Brexit-berg'. Amongst the mountains of publications on the topic, I was particularly struck by an article by Nick Fahy et al, recently published in the *Lancet*, on the effect of Brexit on health and health services in the UK. It debates the three options of the so-called soft, hard and failed Brexit. Naturally, there is no easy solution to be had, but it clearly illustrates key considerations that must be taken into account. In addition to other things the NHS remains reliant on workers, expertise, technology, pharmaceuticals and blood and organs for transplantation from the European Union. Information, the lifeblood of research and evidence based practice, shared and analyzed for international comparison, is at risk of being compromised with any form of Brexit. There could also be the loss of reciprocal health care coverage, as well as potential loss of investment in the NHS from the European Investment Bank. The governance challenge for the future of the NHS within any Brexit deal will impact on the entire UK health policy and it is clear that seismic parliamentary scrutiny and legal support is required to safely and correctly deliver on any changes. In light of this information and the hidden depths the Brexit challenge presents, it will come as no surprise the authors advocate a 'soft-Brexit' as the least damaging option for the NHS.

In other news, current pecuniary difficulties have led the NHS to consider extraordinary options such as – Airbnb!! Under this proposal patients recovering from surgery could recuperate in private houses as part of an NHS trial. Those citizens renting out their rooms could charge up to £1,000 a month (no emoji to describe that one).

However the article that led to particular froideur on my part was a very recent *BMJ* article (*BMJ* 2017;359:j4366) comparing postoperative outcomes among patients treated by male and female surgeons. In a population matched cohort study the results have reliably concluded that patients treated by female surgeons had a small but statistically significant decrease in 30 day mortality and better outcomes as compared with those treated by male surgeons. The primary outcomes measured were death, readmission, and complications. Now that is science at its best!

Moving onto science – I am most grateful to all those that have submitted such interesting and educational articles for this *MBMJ* issue. By the skin of my teeth this issue is peer reviewed and my gratitude to all those who assisted in this process. Tracey has a great idea to further improve peer review. Going forward there will be a structured form sent along with any article, so that a comprehensive review can be obtained. The journal does remain in great need of peer reviewers – please assist if possible. Critiquing an article is good for the CV and assists in the publication of ones articles.

The other good news is that this issue contains not one, but two case reports. Hopefully there will be many more such submissions as well as letters to Editor. To move the journal to an online status is work in progress. It is the deep desire of the team to determine an online platform as it will certainly improve the visibility of *MBMJ* and assist in achieving an impact factor.

This issue also has the honour of publishing an invited article on Tuberculosis from Professor Davies, who is associated with Liverpool Heart & Chest Hospital. The patient article from Mr Donnison outlines the rapprochement like situation that patients can experience in their healthcare journey. From the Psychiatry department is an absorbing article on the effect of animals on patients' emotional, psychological and physical wellbeing. From primary care Dr Wetherell informs us of the seminal research undertaken at Queen's Square practice. Lancaster University can anticipate further kudos when the New Sports and Exercise Science degree is launched in October 2018. To learn more about the differential diagnosis of abdominal pain please read the radiology article. Both case reports highlight important everyday lessons to be learnt with the use of laptops and nasogastric tubes. The piece on management options of pharyngeal pouch/ Zenker's diverticulum is pertinent to clinicians as it is often a cause of dysphagia in the elderly.

On that encouraging note I shall end my piece. I look forward to receiving your continuing constructive comments to improve the journal further. From the journal office all of us wish each and every one the best in the festive season along with peace and prosperity in the New Year.

THANKS for reading

A handwritten signature in blue ink that reads 'Shadaba Ahmed'.

Shadaba Ahmed  
Editor

**For the next issue  
deadline is 28/02/2018**