EDITOR'S OVERVIEW

This is the last issue of *The Journal* for 2004 and it should have something to interest everyone. HIV infection should never be far from the thoughts of any physician. Logie's editorial and Beadles' overview of an important recent College symposium on HIV encapsulate the problems, hopes and fears for this disease worldwide. The scale of this epidemic, the problems of obtaining reliable data, the varying modes of spread, the lack of drug therapy and long-term problems of such therapy as well as the ethics of healthcare distribution are all considered. Ferenbach overviews another important symposium exploring the inter-relations of chronic renal failure and cardiovascular disease. The high incidence of cardiovascular disease is noted and the fact that factors seem to be involved other than those producing such disease in the rest of the population.

Three major papers cover neurology, cardiology and renology. Confavreux and Vukusic challenge the view that acute inflammatory episodes can be a cause of chronic neurodegeneration and suggest that acute episodes and chronic neurodegeneration contribute independently to disability. Hutcheon and Broadhurst consider recent developments in the management of atrial fibrillation. This most common of cardiac arrhythmias continues to tax the skills of cardiologists. Embolic strokes continue to require warfarin anticoagulation for prevention in spite of the inherent risks of the treatment, but new oral thrombin inhibitors requiring no dose titration may soon simplify matters. Rhythm control can probably be ignored in older asymptomatic patients, but otherwise a choice is available from drugs, AV node ablation, pulmonary vein ostium ablation, or surgery using the Maze procedure. Moe points out that cardiovascular disease is the leading cause of death in patients on dialysis. This is not explained by traditional cardiovascular risk factors, and the author describes the importance of vascular calcification, which is common in chronic kidney disease, and its possible pathogenesis.

Three important papers consider ethical aspects of medical practice. Boyd explores the ramifications of consent but, more important, considers the nature of the doctor-patient relationship; what a patient consents to is often less important than to whom this consent is given. A doctor's relationship with a patient is more than a contract; it is a covenant and we need to understand this. Gordon then questions whether doctors should be able to withdraw from treating patients for reasons of conscience. Such withdrawal for less than weighty reasons strikes at the roots of our professionalism, and the motivations of those who withdraw should be questioned as seriously as those of a military conscientious objector. Farthing considers the problem of research misconduct or – to be blunt – fraud. This is a worldwide problem, and we in the UK have not taken it seriously enough. Fraud strikes at public trust in medical research. This College has played a leading role in advocating ways of dealing with research fraud.

Clinical opinions in general medicine has a liver bias in this issue. Younger and Hayes update information from the College's consensus conference on hepatitis C, by reporting that patients coinfected with HIV and HCV should be treated with pegylated interferon and ribavirin, and Finlayson concurs with a review concluding that statins can be used safely in patients with compensated chronic liver disease who have a good longer-term prognosis. Howard comments on unique information from Sweden regarding the natural history of localised prostate cancer derived from a 'wait and watch' management policy followed there. Chance dictated that this paper was also reviewed by Hunter and McNeill for *Surgeons' News* (Royal College of Surgeons of Edinburgh); controversy may surround what should be done, but medical and surgical reviewers agree that younger patients should be offered radical treatment. MacLeod reports on a rather dispiriting study questioning how well UK medical students are prepared for clinical practice. Twenty-two of 23 new house officers were unable to perform adequately one or more of four core clinical procedures. Maybe things are no better elsewhere, but plans for two Foundation (house officer) years after qualification seem to be justified!

In Behind the Headlines, Nixon comments on a recent American report that open hernia surgery is to be preferred to laparoscopic hernia surgery. This dissection of results emphasised what we all know in every branch of medicine – only well-trained doctors get good results! Suresh and Lambert find themselves less than wholly convinced by reports of a breakthrough in rheumatoid arthritis treatment, but point to how much can be achieved by the proper application of currently available treatments. Becher provides a fascinating insight into the meaning of fetal movements now readily seen by ultrasound. Ultrasound gives a unique insight into fetal neurological development, and while early movements are reflex rather than purposive, we need to be more aware that the fetus becomes a purposive and feeling entity before it emerges into our troubled world.

Images of the Quarter present two interesting reports. Medford *et al.* report an instance of talc granulomatous disease of the lung which underscores the value of a detailed employment history. Szubert *et al.* report on progression of monoclonal gammopathy to multiple myeloma followed by the terminal development of an unusual orbital plasmacytoma.

Finally, McKee and Dubois describe the changing healthcare scene in the Central and Eastern European countries that have joined the EU. All face similar problems of population health, changing healthcare and economic stringency but their medical structures vary and their responses to the needs of their populations will vary.