Highlights from this issue

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Do we get to change things? I imagine that it is a reflection of your mood whether you feel you make a difference to your patients and their families. I would hope that all of us could point to a family we've seen recently and say 'Yes, I helped them with this…' But a lasting, positive impact on their lives?

One of the more frustrated descriptions that I've heard of public health is that it seems to tell you all of the things that are wrong, with relatively few suggestions about what we can do about it. In fact, often it seems that there is a near-evil joyful expression that many of our attempts to manipulate the health of the public from our consulting rooms or our clinics are completely pointless—and sometimes even counter-productive. I suspect that I've never really helped a family with weight loss, or convinced a parent to stop smoking—since the evidence shows that folk will often simply ignore our advice. I shared this criticism with Ronny Cheung, who edits the Public Health section, and the paper by Rakhee Shah and Ann Hagell (***see page 146***) is a good riposte. Many of us are becoming more familiar with the language of cognition and meta cognition—some people might not even need the very helpful glossary in this paper—and this paper on behavioural economics gives us some real world advice that we might be able to use with patients in real world settings. For this reason, it's this month's Editor's Choice. The framing of things as losses or gains is an interesting model which I think I will give a try. After all, I've got nothing to lose, and everything to gain, right? (For the absence of doubt, this is me attempting to use the framing on myself, rather than simply lapsing into cliche...).

I'd hope that many of our papers help you change things. Emma Dyer, Thomas Waterfield and Hannah Baynes review the use of the CRP (***see page 150***). We've covered this before, and these authors help update this information. I'm hoping that, armed with this information, the tendency of clinicians to repeat a CRP when it was already previously very high 'just to see if it is getting better' will be curtailed—except for the specific circumstance of paired CRPs to demonstrate that, with hindsight, antibiotics were not needed.

I'm hoping that Rebecca Dalrymple and Shelagh Joss's paper will change your understanding of whether, in your clinical career, you will need to think about the transcriptome in the clinic room (***see page 163***). I have a sense that for me, I won't—but it helps me to understand how quickly, after what has seemed like a pretty slow start, some of the newer genetics techniques are going to have big impacts in some specialities and for some patients.

And elsewhere in the journal we have papers on fever in children being treated for cancer (***see page 124***), bowel habits in healthy children (***see page 114***), the child with poorly controlled seizures (***see page 135***), and a paper which makes a careful distinction between polyruria and polydipsia (***see page 141***). And a nice one for those of you asked by parents: 'Do you think we should immunise our child for chickenpox privately?'

I'm hope you find things here which help you change and improve your practice. As ever, please let us know if there are things that you think we should be writing about. But for now, enjoy the issue!

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