Highlights from this issue

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Welcome to another bumper issue of *Education & Practice*. This month I'm drawn to three papers—and have restricted myself to them, even though the more I read of the issue, the more I want to write about.

Have you ever used, or been on the receiving end of the question 'have we sent the urine for toxicology?' Evidently Emma Dyer and Sormeh Salehian have, and have used this as a springboard for their really helpful paper on how to use this test, or perhaps more accurately, cluster of tests (***see page 84***). Although this paper would not replace a call to the laboratory to discuss the implications of results, it definitely helps with that first level of understanding. It should prime you to have an intelligent conversation with colleagues in the laboratory, and most importantly understand the shortcomings of a test which is as widely used as it is poorly understood. For this reason, and because I think that folk will be wanting to access this paper lots in live clinical practice, it's my editor's choice this month.

There's a whole industry, it seems, in adding the suffix '-omics' to words. Perhaps some are generated by feeding a dictionary of stem words to a machine learning engine, and generating a list of exciting sound ones. This issue covers a particularly exciting one, with Christopher Parry and Daniel Hawcutt discussing pharmacogenomics (***see page 107***), which they carefully define as the relationships between genetic variation and drug responses. At first this seems a bit, well, excessive. For example, with most of the medicines I use in day to day practice, you either respond to the first dose, or you give bigger doses until they work better. My confirmation bias and complacency would tend to suggest that this is about right. But perhaps I'm just thinking at the same level as some of our medieval forebears. Perhaps if I knew whether the patient in front of me was someone who was unlikely to ever respond to this class of drug, or, even more importantly, likely to have a major reaction, I'd alter this behaviour. And perhaps if this information was becoming exponentially cheaper to access with time, I could be a better doctor. There are some lovely real-world examples included here—and I imagine that you could probably think of several future possibilities right off the top of your own heads.

Finally, keeping with the medicines theme, Ashifa Trivedi, Sadhna Sharma, Richa Ajitsaria and Nicola Davey describe a great project to improve medicines reconciliation (***see page 122***). I've long held the opinion that if you asked four people in the room what medicines a patient with complex needs are on, you're likely to get five different answers. This is enhanced, or shall we say differently illuminated, with access to the family doctor (GP) record, the hospital records and letters, and other sources of data—like a photograph sent via a messaging system to aid you in working out what is actually happening. What I like about this project is how many times they failed. Let me rephrase this. What they did was, not get it quite right, so they dusted themselves off, had another think, and tried something different. And got better and better. So, not entirely different from what we might achieve with pharmacogenomics then.

I hope you enjoy the issue. Do please send feedback—I reply to everything, eventually…

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