

However, the significant careers advice that abounds concerning specialties can often be ignored by those meant to benefit – thus it should be encouraged that students should mould an investigative mindset that underpins success.

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#### DECLARATIONS

#### Competing interests

None declared

#### References

- 1 McNally SA. Competition ratios for different specialties and the effect of gender and immigration status. *J R Soc Med* 2008;**101**:489–92  
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## Confusion in equal measure

Sir,

With successive ocular oscillations I was able to visually partake in your scripted correspondence which you had consensually contributed to the *JRSM*.<sup>1</sup> It was only by this due process, and not, I hasten to add, by any other assimilated or subjunctive discursions [sic], that I am both rendered and obligated (here and now, that is, in this present moment of time) to concur and unconditionally agree with your stated and assumed viewpoint. Your avowed, declared and affirmed stance is admirable – and I am minded to assume a positive, and thus non-negative, psyche which is in turn positive (and thus non-negative) in both willpower and essence. That said, one must remember, that I should not publicly nor openly state these assertions. We know that overt is superior to covert, but equally it then surely is by the same token akin to the pouch of Douglas in your own profession: what lurks therein should by definition lurk. To be seen to be not lurking implies a measure of dissimilitude, and this leads to a lack of perspective.

Elaboration evaporates to a greater sense of overdoing. And the result? Well, failure of course. Just as the sun should never set on a breach, then too much exaggeration leads to the greater folly. The folly of Lord Darzi's attempt at evidence-based medicine. To gain a

foothold in such arguments is to clutch at random ideas which float, ballpark-figure-like, in an imaginary delusional ether.

My point is thus: it is to realize that this letter will be of greater worth but, surely, lesser by dint of its certain context. My approach in such matters is but surely akin to that of your own.

In shared and mutual confusion,  
Yours etc,

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#### DECLARATIONS

#### Competing interests

None declared

#### References

- 1 Loeffler F. Dazed by Darzi. *J R Soc Med* 2008;**101**:434–5  
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## Prognosis: medical magic

I was surprised that Dr Sokol's essay on medicine and magic did not mention the soothsaying activity of doctors.<sup>1</sup> Prophesying clinical outcome is an everyday medical activity but this relies heavily on mathematical probability. To the patient, a doctor who can foretell the future may appear to have the charisma of the magician but today most patients believe that our predictions are based on solid scientific facts. Our diagnostic skills are derived from our observations of the attributes of a disease, without necessarily identifying the cause. In fact, with the exception of diseases related to micro organisms, aetiology is a mystery around which we elaborate unproven hypotheses. Herein lies the magic of medical practice. We operate not by sleight of hand but by sleight of word. Prophesying leans heavily on historic non intervention but our ethic is to treat according to the acquired knowledge within our own speciality. Characteristically we do not recommend placebos to cancer patients as alternatives to chemotherapy. Prognosis could be seen to offer the patient either a stick or a carrot. Without treatment, 'you will die'. With treatment, 'you may live a bit longer'. We bolster our beliefs when, with treatment, the patient survives beyond that arbitrary deadline. What if,

after a period of reflection, the patient defies the witchdoctor and goes it alone? Do we continue to review that patient in outpatients knowing that management, with their eye on the purse, see these follow-ups as loss leaders? Do these loners fall into the sympathetic laps of the nurse-specialist or practice nurse? The 'sympathetic' but devious medical alternative might be to continue to see the patient, except privately. If the patient changes their mind we will probably change the prognosis for the worse. How often have we seen our prognostications and those of others turned on their heads? Patients' choice may be influenced by our messianic fervour to treat and their lack of medical literacy.<sup>2</sup> Prognosis carries a mystical/magical power of prediction and is all too easily used as leverage. The magician performs his trick and deceives us. Doctors merely deceive themselves.

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#### DECLARATIONS

#### Competing interests

None declared

#### References

- 1 Sokol DK. Medicine as performance: what can magicians teach doctors? *J R Soc Med* 2008;**101**:443–6
- 2 Colledge A, Car J, Donnelly A, Majeed A. Health information for patients: time to look beyond patient information leaflets. *J R Soc Med* 2008;**101**:447–53

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## Erratum

The authors of the paper 'Zabdiel Boylston's evaluation of inoculation against smallpox' (*JRSM* 2008;**101**:476–7)<sup>1</sup> are Arthur Boylston and AE Williams.

The author of the paper 'James Angus Doull and the well-controlled common cold' (*JRSM* 2008;**101**:517–19)<sup>2</sup> is Harry M Marks.

#### References

- 1 Boylston A, Williams AE. Zabdiel Boylston's evaluation of inoculation against smallpox. *JRSM* 2008;**101**:476–7
- 2 Marks HM. James Angus Doull and the well-controlled common cold. *JRSM* 2008;**101**:517–19

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