

EDITOR'S CHOICE



Don't just soldier on—read this

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We recently learnt that health professionals, among others, do work that is the least replaceable by computers and robots (doi:10.1136/bmj.h6250). This is something Jeremy Hunt may be pondering with regret as talks continue on the junior doctors' and consultant contracts. It may also partly explain why doctors don't take sick leave when they're ill.

Data show that doctors are much less likely than other healthcare workers to take time off sick. As Kathy Oxtoby reports, this could be because doctors are less prone to being ill, but it seems more likely that they feel the need to soldier on regardless (doi:10.1136/bmj.h6719). This sounds admirable—not wanting to let colleagues and patients down when everyone is under pressure. But there are other, less noble, motives that drive doctors to cover up illness: fear that taking time off will damage their career or reduce their standing among peers.

Believing that you're irreplaceable, or wanting to hide an illness from your colleagues, can damage longer term health and career, as well as putting patients at risk, Marika Davies explains (http://careers.bmj.com/careers/advice/Medicolegal_aspects_of_working_while_unwell). Clare Gerada adds that not only competence but also compassion can be lost when doctors feel unable to take time off (doi:10.1136/bmj.h6720). "If doctors have stopped enjoying contact with patients, or if they are drinking too much or self medicating, they should think about whether they might need to get help," she says.

Articles elsewhere in *The BMJ* should help to refresh jaded palates, reminding us why medicine remains so endlessly fascinating. Per Aspenberg reveals how close he came to coauthoring a fake paper (doi:10.1136/bmj.h6605). Flattered to be invited to join an academic working group, he found out the truth when he saw his name on an industry funded position paper. Ben Adams asks whether the current model of authorship is broken (doi:10.1136/bmj.h6560)—should we instead have film-style credits with everyone who participated, including patients, named at the end of each research paper?

And then there is Lyme disease. In an Editorial from an impressive line-up of experts from nearly all corners of the globe, Liesbeth Borgermans and colleagues explain that this unusual multisystem disease is on the rise, possibly due to climate change (doi:10.1136/bmj.h6520). As we learn more about how the spirochaetes evade immune defences and survive antibiotic challenge, the medical community is forced out of its comfort zone, they say. With the story of *H Pylori* still fresh in our minds, we cannot afford to ignore findings that contradict our current beliefs about disease.

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