

we talk of partnerships in care delivery, of teamwork and collaboration, of user focused quality systems and clinical governance. So what has changed?

Patients have changed. They are better educated, they want information, and are ready to complain. Yet they are often also vulnerable and afraid, wanting to look up to the old style doctor and to hear talk of the miracle cure. Nurses have changed. There are protests from many quarters about the upstart university nurse. Doctors have changed too: over half of all medical school entrants are women and there are more doctors from ethnic minorities. The two professions disagree about whether the doctor-nurse game (he will pretend omnipotence, she will collude with this) is dead and buried or alive and well. Government attitudes have certainly changed. In education, law, and policing, as well as in health care, there has been a withdrawal of trust from professions. This did not go away with a change of government. In 1997 it just took a new form, with markets transmuting into monitoring and efficiency and effectiveness still centre stage.

All this makes for confusing times for professions locked together in the way nurses and doctors are. Both have faced trial by media over disciplinary cases before their regulatory bodies and questioning of their right to self regulation. Both have faced demands for new levels of accountability in their daily work. But there are important differences. Nursing saw develop-

ments of its role on the back of a campaign to reduce junior hospital doctors' hours. Nurse practitioners, nurse prescribers, and NHS Direct, we might say, are less a vote of confidence in nursing than a vote of no confidence in medicine. Can the professions forge good working relationships in a context where an opportunity for one becomes a threat to the other? And what are we to make of the emergence of medical directors on the scene at the point where nurse managers have made an exit?

There are many more key questions. Are new guidelines emerging that facilitate team working? Are the barriers at the point of practice set up by nurses who are reluctant to take responsibility and doctors who are reluctant to share it—or are they in another place, in the lack of adaptation of structures and processes in the regulatory bodies, perhaps, or in the policy framework of the new NHS? Our joint issues next spring will explore just how well new doctors and nurses are working together in the new NHS. Why not follow this crucial debate—or even better, contribute to it.

Celia Davies *professor of health care*

Open University, Milton Keynes MK7 6AA

Jane Salvage *editor in chief*

Nursing Times, London NW1 7EJ

Richard Smith *editor, BMJ*

What the millennium bug tells us about ourselves

Y2K anxiety is provoked by unlimited ambiguity with a concrete deadline

I know of no rule that holds so true as that we are paid for our suspicions by discovering that which we suspect—Henry David Thoreau

How many conversations in the next five months will endlessly circle around the anticipated effects of “Y2K,” the “millennium bug,” the freak of parsimonious computer programming that threatens widespread malfunction of microchips on 1 January 2000? Whatever their otherwise differing views, the many commentators on this phenomenon agree that clear predictions are impossible. The situation is unprecedented. The nature of the technological failure, its widespread distribution, and its simultaneous onset are all unique. This unlimited ambiguity combined with a concrete deadline provides a fertile breeding ground for anxiety.

Not everyone is anxious. The former chair of the US Federal Communications Commission, Reed Hundt, said: “January 1 is a Saturday. So if the world comes to an end for a couple of days, it'll be OK. We've all had weekends like that.”¹ More presciently, John Koskinen, chairman of President Clinton's Commission on Year 2000 conversion, has remarked: “As it becomes clear our national infrastructure will hold, [personal] overreaction becomes one of the biggest remaining problems.”² And the internet clearly demonstrates that apprehension. A simple search using the terms “y2k” and “prayer” produced 2000 matches, including numerous bulletin boards which starkly display the very real emotional concerns of the participants.³

Anxiety is already a major health issue. A landmark World Health Organisation epidemiological survey conducted recently in five European centres estimated that 11.5% of patients attending primary care suffer from well defined anxiety disorders, while a further 4.1% were found to have threshold generalised anxiety. Only about one third of definite cases were recognised, and of these even less (about 60%) received any intervention. Among consecutive primary care attenders, 4.6% consulted specifically for anxiety symptoms.⁴ In the United States researchers estimate that anxiety disorders accounted for \$US46.6bn (35%) of the total economic costs of mental disorders in 1990.⁵

Perhaps predictably, discussion of psychological responses to the millennium is available more from internet sources than from the professional literature. An internet site that provides therapist referrals for people with psychological problems, 1-800-THERAPIST, devotes a special section for year 2000 anxiety difficulties.⁶ The online journal of the American Psychological Association, *Monitor*, sought the views of anxiety experts about year 2000 issues.⁷ All indicated that they expected increased symptoms among those with anxiety problems, particularly phobic disorders, as the millennium approaches. The article also cited a survey released at the 1998 World Congress on Information and Technology indicating that 25% of Americans believed the year 2000 situation would affect them directly.⁸

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The point is certainly not lost on the business world, which has responded with both advice and spending opportunities available in their thousands from an internet search engine near you. Contingency plans to deal with concerned customers are already in place. Bankinfo is an internet site established specifically as “a resource center for Year 2000 information” for financial institutions. Prominent among its features is a range of articles that deal with customer anxieties about the future of the banking system. For example, a clinical psychologist provides a detailed discussion of the psychology of anxiety and offers excellent hints for dealing with worried customers based on cognitive-behavioural principles—which could equally serve as a useful resource for general practitioners dealing with similar problems.⁹

Richard Landes directs the Centre for Millennial Studies at Boston University, which provides a unique look at the year 2000 phenomenon from a historical and cultural perspective and hosts a highly acclaimed website (www.mille.org). By reference to medieval history and analysis of previous millennial movements, Landes identifies two characteristic responses that he typifies as “roosters” and “owls.” Roosters are the apocalyptic visionaries who crow, “The dawn is imminent, awake.” Owls respond more conservatively, hooting, “Hush, the night is young, back to sleep.” Examples of both stances occur throughout history and are equally evident today.

But our ability to perceive responses in this way is itself a recent phenomenon and a tribute to the ubiquity of the ideas of Sigmund Freud, the century’s foremost cultural theorist. Freud introduced the hypothesis of projection—that process by which

internal psychological states are attached to objects and events in the external world. Based on this concept, projective tests evolved as a means of exploring a person’s unconscious fantasies by their interpretation of ambiguous visual images. The Rorschach inkblots are the most well known example—and are still in use today, 80 years after their invention. In this sense the ambiguity of the year 2000 phenomenon makes it the largest projective test of all. Individuals’ responses to the millennium reflect their unconscious fears. The internet provides the gestalt. The way our society deals with the next six months will provide a window into the soul of the 21st century.

Jeremy Anderson *director*

Centre for Clinical Effectiveness, Monash University-Southern Healthcare Network, Melbourne, Victoria 3168, Australia (jeremy.anderson@med.monash.edu.au)

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The joy of being electronic

The BMJ’s website is mushrooming

Websites are like gardens. Turn your back on them for a few weeks and they’re overrun with weeds in the form of out of date coming events and hypertext links leading nowhere. But, like gardens, websites offer amazing opportunities to experiment. Plant something that doesn’t take or produce the effect you wanted and you can take it out and try something else. And, like a garden, the internet is very forgiving—no hard copy archive survives to mock your false starts and wrong turns.

The launch of the *BMJ*’s full text website in April 1998 coincided with a frenzy of new planting, much of which is coming to fruition this (northern) summer. Most work has been devoted to our collected resources—210 virtual pages each devoted to a single topic. These rely on the coding of each journal article with one or more clinical and non-clinical topic codes (for example, the first paper this week has been coded: liver, perinatal, pancreas and biliary tract, and chemical pathology). Not only can website visitors review the archive of all papers published by the *BMJ* on a particular topic; they can also read relevant papers in the eight online specialist journals published by the *BMJ* Publishing Group (see box). Each topic page links

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to relevant Cochrane abstracts, job advertisements on our classified site, and the virtual bookshelf for that specialty within our electronic bookshop—from which books can be bought on line. Over the next few months, we will be adding more resources, beginning with the *eBNF* (the electronic version of the *British National Formulary*). We also plan to appoint green fingered editors for each collection and let them see what they can grow.

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