



EDITOR'S CHOICE

GMC in the spotlight

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The BMJ

The GMC is under fire. An ongoing inquest into the death of a trainee anaesthetist has heard allegations of failings in the GMC's handling of his case, involving drug misuse. And a major review, which concluded this week, has exposed the damaging extent of fear and mistrust with which doctors view their regulator.

Clare Dyer reports on the tragic story of Julien Warshafsky (doi:10.1136/bmj.k2564), in which the GMC failed to order sufficient tests to monitor his fentanyl use and appointed to supervise him a psychiatrist who was not a specialist in substance misuse. The many different people managing aspects of his case—in treatment, as well as in supervision and regulation—failed to coordinate or share information, and his fentanyl addiction was missed.

Clare Gerada, who heads the Practitioner Health Programme, says the GMC's adversarial system failed him. "I do not think they [the GMC] have any place in treating or managing very seriously ill people," she says.

The GMC has responded with changes to its procedures. But Julien's father, himself a GP, believes the healthcare as well as the regulatory system let his son down. He wants the NHS to adopt what he calls the Julien principle: "Take good care of the carers and then the carers can and will take care of patients."

The review of gross negligence manslaughter that concluded this week makes the same crucial link between how doctors are treated and the safety of their patients (doi:10.1136/bmj.k2572). Its main recommendation—to withdraw the GMC's right to

appeal against more lenient rulings by medical practitioners tribunals—should go some way to restoring doctors' willingness to engage with investigations. But the review stopped short of giving legal privilege to doctors' reflective notes. This will disappoint many, including the BMA and GMC. Without this protection, doctors will continue to be wary of admitting and reflecting on mistakes for fear of retribution. They and their organisations will miss chances to learn, and patients will suffer, says Terence Stephenson, the GMC's chair, on BMJ Opinion (blogs.bmj.com/bmj).

Elsewhere this week, in *The BMJ* (doi:10.1136/bmj.k2463) and at an international conference in Zurich, we launch a major series on the science and politics of food (bmj.com/food-for-thought). There is perhaps no area more important to public health than nutrition, nor one that is more fraught with confusion and controversy or more neglected in medical education.

Our series aims to clarify what we know and what is still to be discovered about what we should and shouldn't eat. First up is Matthias Schulze and colleagues on which diets are best for preventing ill health (doi:10.1136/bmj.k2396).

For all the articles in *The BMJ's* Food for Thought series, including a podcast, "Nutritional science—why studying what we eat is so difficult," go to bmj.com/food-for-thought.

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