EDITOR'S CHOICE

Should doctors engage with counterterrorism?

Fiona Godlee *editor in chief*

The BMJ

Terrorists' tactics have changed, and security services have had to change theirs in response. We are seeing fewer highly trained extremists carrying out carefully planned attacks and more lone actions by vulnerable people incited by internet propaganda. Last month's attacks on Westminster Bridge and in Paris bear this out. But does this mean that doctors should change how they behave?

The government's Prevent strategy puts a duty of care on NHS trusts to report people they think are at risk of committing terrorist acts. Actual rates of referrals are low, according to information obtained by *The BMJ*, but concerns about the effect of the strategy on patient care and confidentiality are running high (doi:10.1136/bmj.j1998).

Doctors interviewed by Anne Gulland are worried that the strategy is Islamophobic and will prevent patients from talking openly. They say that a system is already in place for them to raise concerns about potential for violent crime. And if they want to safeguard someone, a clear referral pathway keeps them informed of what happens to their patients afterwards. This does not seem to be the case with referrals to Prevent. Although most psychiatrists are well aware of the issues, training of other doctors is patchy and of poor quality.

The General Medical Council offers some reassurance. Prevent does not apply to individual doctors but to NHS trusts. Nor does it change how or when doctors should report any concerns. Updated GMC guidance outlines the circumstances in which doctors would be justified in disclosing information about patients in the public interest, such as in the prevention, detection, or prosecution of serious crime.

In an interview with *The BMJ*, Mark Rowley, the Metropolitan Police chief in charge of counterterrorism, says that he understands doctors' caution. But he emphasises that this is not about surveillance (doi:10.1136/bmj.j1970). He draws parallels with safeguarding young people at risk from physical or sexual abuse, trafficking, or gangs. "If we are willing to share information and work together then we can keep this as a prevention response," he says. "Waiting for people to try to commit serious offences then putting them in prison for ever is not as elegant a solution."

Lack of evidence about the effects of Prevent and lack of feedback about what happens to patients who are referred are barriers to trust. Evidence will take time to accrue, but doctors are right to insist that they are told what happens to individual patients.

Changes to *The BMJ* in print

We are always looking to improve your experience of *The BMJ* in print. After detailed conversations with some of you, we have refreshed the design to bring you a more succinct and brighter education section and more pages of original research abstracts and commentaries. We have expanded our coverage of issues affecting your working lives in our This Week section, and introduced a range of new formats at the back of the journal to cover workforce issues and stories about individuals' careers. In a radical step, Minerva has moved. We do hope you like what you see. Please do send us your feedback by email (editorial@bmj.com) or as a rapid response.