You can’t stop the bleep

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On my first day at The BMJ the biggest shock to my system, other than the editor depositing a tall pile of research papers on my desk, was not being “bleeped.” I’d often worry I was missing something important. As a new doctor the bleep is a validation of your efforts to join an esteemed profession. It is a status symbol you soon tire of; any moment of peace will be broken by a buzz heralding anything from the mundane to the calamitous.

The curse of the bleep might partly account for why Matt Morgan finally found 15 minutes of solitude after his second vaccination to reflect on a year of upheaval and emotion.1 It also contributes to ward round distractions, and here David Oliver has found some solitude and focus in hospitals free of relatives.2 That the bleep is still with us, in an age of smartphones and WhatsApp, is commentary enough. Our efforts to introduce new technology are often defeated by the failings of other new technologies. The bleep is a technologically relic, but smartphones are only as effective as wifi or network coverage.3 The bleep, like talking directly to a patient instead of them being triaged away, offers some reassurance that an emergency won’t be missed.4

Reassurance is one reason to provide home pulse oximetry to manage covid-19 remotely.5 Another is safety, but Trisha Greenhalgh and colleagues explain how clinical support is also required in the form of phone calls—for example, as part of a virtual ward setting. Importantly, services must be adapted to local settings.6

More local adaptation and ownership might have improved the UK’s test, trace, and isolate system. A new research paper describes a system failure,7 one that potentially reached only 8% of contacts of symptomatic people.8 This is a worrying outcome when the B.1.1.7 variant increased the risk of death by about 60%.9

The long term impact of pandemic failures and measures on mental health remains unclear, though, as Louis Appleby explains,10 early evidence shows no sign of higher rates of suicide or self harm. Overdue revisions to the Mental Health Act, however, remind us that mental illness can too easily lose priority.11

We’ve reduced our long term environmental impact after a trial of alternative wrappers for The BMJ’s weekly print edition. GPs received a carbon neutral plastic wrapper made from cane sugar waste. Hospital doctors were sent a paper wrapper. Both versions can be recycled, but, on balance, paper has two important advantages: it is biodegradable and more widely recyclable than plastic film. This is why GPs and hospital doctors now receive their copy in a paper wrapper.

More than 20 years ago The BMJ switched from processing paper manuscripts to an online system. It was a difficult transition, at first. Old habits die hard, and each electronic submission system has its own technical peculiarities and bugs. The new world also poses familiar challenges: how best to harness patients’ experiences in hospital services12; the right to health of prisoners13; how doctors should better understand the work of nurses14; the importance of non-pharmacological interventions15; better reporting of trials and systematic reviews16; and the value of disaggregating health and research data on the basis of sex.17

Throughout all this, the bleep or pager has endured. For better or for worse, you can’t stop the bleep.

2. Oliver J, David Oliver: When visitors return to the wards. BMJ 2021;372:n832. doi: 10.1136/bmj.n832
5. Patel N, Virtual clinicals are reassuring but sometimes daunting. BMJ 2021;372:n622. doi: 10.1136/bmj.n622 pmid: 33766819
7. Smith LE, Potts HHW, Armit R, Fear NT, Michie S, Rubin GJ. Adherence to the test, trace, and isolate system in the UK. BMJ 2021;372:n608
10. Appleby L, What has been the effect of covid-19 on suicide rates? BMJ 2021;372:n834. doi: 10.1136/bmj.n834 pmid: 33782026