In this month’s QJM

With respect to the other content in this month’s QJM, I would draw your attention to several papers. The first of these by Fortun and colleagues deals with a contentious area that has been the subject of previous papers published by QJM. Obtaining proper consent from research subjects (to include explanations of risk, benefits and alternative therapies or interventions) is quite rightly considered to represent an essential part of the research process. However, how should this information be communicated to patients or volunteer participants in research projects? The study has highlighted considerable limitations of using an information sheet. The subjects in this study were well educated and included medical students. Disappointingly they demonstrated a far from perfect recall of essential information including potential risks of medication that might be prescribed. The authors recommend a more robust approach to imparting written information to research participants: keep it short and simple, separate essential fact from supplemental information and verify comprehension by the recipients.

The number of reported cases of malaria in the UK was 1548 in 2007. The vast majority of cases result from visits by UK residents to areas where the disease is endemic. There is now convincing evidence that a significant contributing factor is a failure to undertake adequate prophylactic measures. Hence the possibility of malaria should be considered whenever a returned traveller from the tropics presents with a fever. The study from the London School of Hygiene and Tropical Medicine (Nic Fhogartaigh et al.) looked at the case histories of 2867 patients who presented with the symptom of being ‘hot from the tropics’ to a walk in clinic. The results should be noted by physicians who may encounter this clinical scenario. The risk that a significantly febrile patient who had visited Africa had malaria was one-fifth. It was also found that lack of fever on initial presentation did not exclude the possibility of malaria.

A future edition of QJM will contain the abstracts from the recent Annual General Meeting of the Association of Physicians of Great Britain and Ireland held in Leicester in April of this year. Two facts will be obvious from reading the abstracts. First the standard of the research papers presented is exceptionally high and it is hoped that several of these will be submitted in due course to the journal for publication. The second and especially encouraging fact was that a significant number of the papers were delivered by doctors in training. Much has been previously written regarding the precarious state of academic medical careers in terms of inadequate research training opportunities and subsequent uncertain career pathways. The Walport initiative that has resulted in the establishment of the Integrated Academic Training Pathway should help to address this imbalance. QJM has an important role to play here and the intention is to help promote and encourage the development of academic medical careers. This will be achieved by means of commissioning a series of articles written by leading academics with the aim of providing guidance and encouragement for trainee researchers. Second, we will encourage them to consider QJM the journal of choice for their published work. So let us please see your work.

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