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# Highlights from this issue

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I'm usually a couple of months adrift when writing this Epistle, because of the vagaries of publishing schedules. But this time, as I write this in the October half term that UK school-children have, I'm feeling slightly more appropriate for December as I've been trying to make some Christmas decorations. Actually, I've been trying to make a particular thing, a wooden ornament I made last year after I saw one in a shop. As often happens, I found myself thinking "I could make that", and discovered that I could, but with two caveats. Firstly, my version was more expensive than the shop bought variety. And secondly, my version was shoddier. I smarted a little at this, and so bought one new tool, was given another new tool, and built a third new tool. This year's version is much better. And, not surprisingly—if you factor in all the new tools—astoundingly more expensive. I suspect next year's version will be even better. But I'm not sure I'm allowed any more tools.

If you're read this column before, you will by now be bracing yourself for the agonisingly over-stretched analogy, where I draw a comparison with the contents of this month's journal. And this month, it is paracetamol and brufen. Not for the

pain from my cuts and bruises sustained in my woodwork, but because of the two great papers from Camilla Moriarty and Will Carroll (*see pages 327 and 331*) which look into our prescribing rationale for these two astonishingly ubiquitous medicines. The reasons I found these papers so interesting was that I found myself wondering about the effort it would take to implement some of the changes they suggested to me. I remember when I was an SHO my admission clerkings would nearly always, as a matter of routine, include prescribing both of these medicines. This wasn't because I was incapable of understanding the content of articles like these, nor because I was unable to explain my reasoning to my nursing colleagues when they noted that my admission was apparently incomplete. No, it was because I knew that later, at some point, there would be someone who we'd not explained this to, and that I would be called in the middle of the night, or my SHO colleague would be called in the middle of the night, to put things right.

The requirement for all admitted children to have both ibuprofen and paracetamol prescribed has faded a

little. But still it resurfaces, and still I find myself having to explain again, and again, that the two combined are of little additional benefit. So, this brings me back to the woodwork. I've gone to tremendous lengths to achieve a marginal improvement in my crummy wood-working skills. Of course, part of this is about fun—and frankly it doesn't feel like fun explaining about ibuprofen and paracetamol, for the hundredth time. Whereas my ornament was lots of fun, and will likely still be making me smile when you read this. How do we sustain this atmosphere—that we want to be doing this week's thing, this week's improvement—into medicine? I suppose by keeping it fun, upbeat and positive. And being prepared to do it again and again. The paracetamol paper is my Editor's choice this month.

Now—some advance notice. This time next year, December 2017, we're going to try to have a slightly more quirky edition, so if you've got something a little more off-beat than usual, we'd love to hear about it soon. Meantime, if you've other things the world needs to hear more about, then please do get in touch.

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