

Co-Editors

Dr Tim Cooksley
Editor-in-Chief
Consultant in Acute Medicine
Manchester University Foundation Trust and
The Christie

Professor Prabath Nanayakkara
Associate Editor
Head of Acute Medicine,
VU University Medical Center,
Amsterdam, Netherlands

Associate Professor Ben Lovell
Associate Editor
Consultant in Acute Medicine
University College London Hospitals

Editorial Board

Professor Mikkel Brabrand
Clinical Associate Professor
Department of Emergency Medicine,
University of South Denmark

Professor Mark Holland
Consultant Acute Physician
Salford Royal Hospital and Visiting Professor
Health and Social Care,
University of Bolton

Professor Dan Lasserson
Professor of Ambulatory Care,
University of Warwick

Dr Nick Murch
Consultant in Acute Medicine,
Royal Free London NHS Trust

Dr Chris Subbe
Consultant in Acute, Respiratory & Critical
Care Medicine
Bangor University & Ysbyty Gwynedd Hospital

Dr Louise van Galen
Research Fellow in digital health
Nanyang Technology University/VU University
Medical Centre

Dr Louella Vaughan
Senior Clinical Research Fellow
Nuffield Trust

Dr Liz Lees-Deutsch
Nurse Consultant in Acute Medicine,
University Hospitals Birmingham

Acute Medicine

Guest Editorial

Curry clubs, uncertain times, and social media

Mark Holland & Tim Cooksley

COVID-19, the eternal hospital winter, heatwaves, global warming, energy costs, inflation, and an unnecessary war. We truly do live in uncertain times. That said, we would wager our grandparents said the same thing. What gets us through is family, friends and our shared communities, including acute medicine. Which brings us to this edition of the journal, where many excellent articles will hopefully distract our reader from all the doom and gloom, and instead light up your grey cells.

First is a personal perspective from Dr Zak Ferguson, discussing social media and acute medicine.¹ Social media is something we discuss frequently, in fact it is almost a standing agenda item at our Friday night curry club. One of us (TC) uses Twitter, albeit conservatively – with a small c. As Dr Ferguson rightly points out, social media is a potential force for good, affording users the opportunity to converse with more people than they could ever hope to otherwise meet, and facilitating rapid dissemination of information. MH is far more sceptical, fearful of the potential pitfalls but moreover self-aware of getting into spats and heated debates and maybe “*saying something that I won’t regret*”.

Dr Ferguson’s well balanced piece provides us with some useful insights into the power and potential abuses of power that social media provides. Perhaps paradoxically, such a beautifully crafted piece is at odds with the soundbites of social media. Without any overt reference to the fact, has he shown that a well-articulated argument in a learned journal is still the gold standard way of communicating?

Irvine et al revisit a common theme in healthcare, that of variation.² On this occasion they looked at the early senior decision making and admission avoidance decisions in acute medical units across NHS Scotland. Their small survey humbly sets out to simply provide a reference point for current service provision. What they uncover is significant variation in the decisions making process for patients admitted to ambulatory emergency care (AEC) units. They argue that Scotland is representative of the UK, and consequently the results are relevant to all our readers. We would in turn argue that these findings are concerning. AEC is rapidly morphing into same day emergency care (SDEC), with the roll out of virtual wards following in hot pursuit. Gatekeeping which patients can *safely* be cared for by these services is vitally important. If these services are going to achieve the significant improvements efficiency resting on their shoulders, having the right person at the point of entry is a must. It is not an

Acute Medicine is indexed in PubMed and EMBASE and cited in Medline

Published by
 Rila Publications Ltd.
 73, Newnam Street,
 London W1T 3EJ, UK
 Tel: +44(0)20 7637 3544
 Website: www.acutemedjournal.co.uk

Design & Production
 Georgina DaCampra

Copyright © 2022
 Rila Publications Limited
 All rights reserved. No part of this publication may be reproduced without prior permission, in writing, from the publishers. The data, opinion and statements in this journal are those of the contributor(s) and not necessarily endorsed by the publisher, sponsors, editor and editorial board. Accordingly their respective agents accept no liability for the consequences of any such inaccurate or misleading data, opinion or statement.

Enquiries
 Circulation and Foreign
 Distribution rights contact
 Rila Publications Limited

Advertising
 Tel: +44 (0)20 7631 1299

Subscription Rates:
Personal
 Print & Online: UK £100 Overseas £140
 Online Only: Personal: £60 Students: £45
Institutional/Library
 Print Only: UK £140 Overseas £180
 Online Only: please contact
production@rila.co.uk

ISSN: 1747-4884

Curry clubs, uncertain times, and social media

unreasonable assumption to think that the variation described by Irvine et al will be any better as the SDEC/ virtual ward juggernaut comes to town.

Point of care ultrasound (POCUS) is fundamental to the practice of high quality acute medical care.^{3,4} COVID19 has exemplified its utility. In this edition, Knight et al report a simple aggregated score using lung ultrasound to predict outcomes in patients with suspected COVID19.⁵ POCUS is highly likely to feature more prominently in many acute presentation risk scores and is a research field in which acute medicine will take the lead.

We do live in worrying times, but we remain optimistic, more so when we see and read excellent work being produced by the acute medicine community epitomising the important and innovative work performed by so many colleagues in our specialty. Coincidentally, we had two related conversations at the last Friday night curry club

prior to the summer recess. MH had recently met an academic colleague with an interest in complex systems. When the subject of the NHS was raised, said colleague was of the unwavering opinion that problems with complex systems necessitate complex interventions (do SDEC and virtual wards count as complex solutions?), and that all problems ultimately stem from communication breakdowns (in this context will social media be a force for good or bad?). The second conversation was MH's apparent shock at being introduced to the website OnlyFans by one of his MSc students; said student stated that MH could finally make his fortune. Faux shock masked MH's obvious ego boost. When the student was challenged and asked if a middle-aged, overweight, geeky looking man could become a millionaire, MH's bubble was bust with the retort, "people will pay to look at anything".

References

1. Ferguson Z. What role should social media play in the future of acute medicine? *Acute Med* 2022; **21**(3):122-123
 2. Irvine N *et al*. Early senior decision-making in acute medicine: a critical review of health policy and implications for practice. *Acute Med* 2022; **21**(3):126-130
 3. Russell J, Dachselt M, Gilmore A, Matsa R, Smallwood N. Focused Acute Medicine Ultrasound (FAMUS): uptake, completion and barriers to accreditation after two years. *Acute Med*. 2021;**20**(3):187-192.
 4. Knight T, Clare S, Smallwood N, Lasserson D. Gaps in point of care ultrasound provision and the cost of ultrasound equipment provision: results of a nationwide audit of acute medical units. *Acute Med*. 2020;**19**(2):64-68
 5. Knight T *et al*. Point-of-care lung ultrasound in the assessment of COVID-19: results of a UK multicentre service evaluation. *Acute Med* 2022; **21**(3):131-138
-