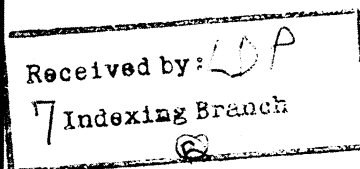


# BMJ

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## EDITOR'S CHOICE

# BMJ

Sporting and economic sanctions against South Africa are none of our business, but an academic boycott would be. Is knowing how South African doctors responded to last week's protests by black patients (p 411) relevant to the debate about a boycott, and, if so, how is it to be assessed?

The regulations for the new GP contract, which Mr Clarke will put before parliament soon, seem likely to be far more prescriptive than ever before—for example, laying down when doctors should measure blood pressure or test a urine sample (p 414). Will there come a time when doctors refuse to cede more

clinical freedom to others, and what will be their criteria for deciding to go thus far and no further?

Dr D E B Powell points out that debates about the sudden infant death syndrome recur in cycles (p 456). He could almost have said that they go round in circles. Could one of the main barriers to understanding this syndrome be its name, as some of the spirited correspondence we publish this week on the topic suggests?

A final question: Will the government's anti-competitive white paper as applied to medicine (p 406) lead to better care of patients?