

To love, wisdom, and the personal in practice

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This issue of the journal sees the launch of two new sections. First, we offer a new smørgasbord of snippets of sexual health literature, offered by *Venus* (see page 236),¹ named for the Roman goddess of love. Inspired by Minerva, Roman goddess of wisdom and author of an eponymous section in the *BMJ*, *Venus* will search the medical literature each quarter, looking for what she thinks a busy sexual health clinician might wish they had had time to read elsewhere.

Tradition has it that Venus was, for better and worse, less armoured and more open than Minerva – more seductive, some might say. There was a certain incident with Paris's apple, a moment of questionable judgment on that gentleman's part in which he chose Venus over Minerva and lived to regret it. So particular thanks to the *BMJ*'s Minerva for welcoming Venus² – a truly gracious gesture, all things considered. However, noting her declaration of competing interests,³ we remain confident our *Venus* will prove no mere 'hussy' – rather, a sage lady with binocular vision, one eye roving over the quirky and the not-strictly-serious, while the other keeps a sharp lookout for emerging evidence.

If *Venus* is a distiller of external evidence, the writer of our other new section, Abi Berger, is an explorer of internal evidence – the kind that is often hidden or unacknowledged. An experienced general practitioner and writer, Abi will explore the personal in practice in a new regular column entitled *Person in Practice* (see page 225).⁴ Abi offers clinical reflections which incorporate her *own* experience.

Challenging? It's not hard to see how it might be: for most of us, personal experience was something we learnt to set aside during training. Biomedicine prioritises empirically gathered, objectively measurable data, and evidence-based medicine has enshrined this in

standardised methods of evaluation and use of knowledge, resulting in greater uniformity and decreased recognition for the place of intuition, creativity and uncertainty.⁵ But in the real, relational world of clinical practice our ages, genders, nationalities, cultural backgrounds, consciousness-shaping experiences, past and present illnesses and, whisper it, feelings, also impact our practice.

So in *Person in Practice*, Abi stands up against what we might call 'unopposed objectivity'. She delivers an experience-based reminder that the clinician can be part of the treatment,⁶ the line between clinician and patient is sometimes more blurred than medical culture has allowed us to recognise, and that reflection is a more useful approach to this intersubjectivity, than denial. So thanks to Abi for disturbing us a little. And to *Venus* for the evidence-smørgasbord. Oh, and that business with Paris's apple? At *JFPRHC*, we understand that passion sometimes has regrettable consequences. We're all in favour of reconciliation between love and wisdom. So cheers, *Minerva* – and here's to sexual health.

Competing interests None declared.

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