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Reassurance?

I get tired of fighting but sometimes fighting is your only option. Medicine isn't static: it's in constant flux and currently the pace of change has its foot on the floor. Crisis is forcing change whether we like it or not.

The certainties of the past like enforced bed rest post-surgery, tonsillectomy, most of clinical examination, antibiotics for colds, and breast screening (and possibly all other variants of screening) will soon pass into history as being certainly pointless, if not downright dangerous medical care. But medicine is a belief system and these beliefs only end with the passing of that medical generation. Even in medicine, people still want to burn heretics.

There are perennials in clinical care and the first of these is the ability to reassure patients. Of course, the universities don't teach this; they want to stuff students' heads full of 'facts' (breaking news — all knowledge is available on any cheap smartphone for free). Also, we have the postmodern medical tyranny of guidelines stipulating that there is a binary way to manage any symptom — the death of judgement and discretion. Clinical care has been reduced to a simple (or generally an utterly incomprehensible) flowchart. You wonder why we even bother having clinical staff in this era of unintelligent medicine!

Here is an irrefutable medical fact: today we have all but defeated infectious disease, vascular disease is ending, and chronic lung disease is having its last gasp. Significant pathology is paradoxically rare, but flowchart medicine always leads to conveyor belts of bloods and imaging. This in turn creates incidental findings that then start another algorithm of investigation. Oddly for all this effort, modern medicine seems to be having no impact on stagnating life expectancy.¹

Also, doctors fail to appreciate that many patients simply make and attend appointments because they are anxious. Health anxiety is now normalised by all the poorly conceived public awareness campaigns, like, for example, having a cough for 3 weeks could mean cancer, any lump could be cancer, any pigmented lesion could be a melanoma, and all the

other endless round of hysterical media health stories.

Can we try to reassure more and investigate less? Traditionally, general practice was about using 'time as test', understanding probability, reading people and having clinicians with high emotional intelligence and stability, and trying to apply all this to the individual in 10 minutes and telling patients 'it'll be OK'. It is difficult.

The art of reassurance was once the stock and trade of all doctors, just magic and misdirection, doing nothing with style. But I'm not winning the fight against the tyranny of ill-liberal medical political correctness because the perennial art of reassurance is in fact dying. But perhaps it doesn't really matter in our new technological medical future.

My anxiety merely reflects my own ill-founded medical belief system that will pass when my generation soon leaves.

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DOI: <https://doi.org/10.3399/bjgp18X696053>

REFERENCE

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