appropriate to be touched for reassurance. A greater proportion of females than males thought the back was an appropriate place to be touched. The remaining patients did not feel it was appropriate to be touched anywhere other than the arm or hand by the GP for reassurance, again proportionately more females than males.

WHAT DOES THIS MEAN?
It seems that a large majority of our patients would be comforted by the use of touch by their GP. The demographics of the population recruited are those of a relatively socioeconomically deprived and ageing population, with relatively little ethnic diversity. If this study were to be repeated elsewhere, the results might well be different. The study may also have some element of selection bias which results from the distribution technique of the questionnaires. There is no in-depth statistical analysis of the results but nonetheless they have interest and meaning, and it is hoped that this study may stimulate further modes of clinical research and discussion. My preliminary findings of the use of touch in comforting patients in general practice suggest that touch is indeed a part of the consultation. Information of this kind may help GPs to recognise the potential value of using touch in the consultation, to remove taboos around the subject, and to value of using touch in the consultation, to contribute to the strengthening of doctor–patient relationships.

Carter Singh.
GP, Willowbrook Medical Practice, Sutton-in-Ashfield and Honorary Clinical Commissioning Champion, Royal College of General Practitioners.

Drew Leder,
Professor of Philosophy, Loyola University, Baltimore, MD, US.

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