Letters

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Editor's choice

Type 1 self-diagnosis

While reading Roger Jones's fascinating 'Editor's Briefing',[1] I realised that most of the time during my 40+ years in general practice I had attempted Kahneman's type 2 thinking by trying to be logical, analytical, and seeking confirmation by examination and investigation. Earlier this year I suddenly developed obstructive jaundice and, in hindsight, an acute episode of type 1 thinking: my symptoms must be related to a malignancy, probably pancreatic. Following the efficient input of my GP and liver specialist, it was found that I had a DILI (drug-induced liver injury) from which I have recovered. The type 2 thinking that they both exhibited seems to me to be the entirely preferable option, particularly when we try to diagnose ourselves!

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DOI: https://doi.org/10.3399/bjgp18X694493

A positive diagnosis of irritable bowel syndrome does not give immunity from developing bowel cancer

The phrase *'in the absence of alarm features'* is used in the introduction and conclusion of Sood *et al*'s article,[1] but there is no discussion of what might constitute an alarm feature. I am an elderly retired GP. My wife has had and her mother had, intermittently for many years, symptoms of irritable bowel syndrome (IBS). My mother-in-law later developed additional symptoms that caused her GP to refer her to a gastroenterologist for further investigation three times. The first two times the additional symptoms were dismissed as a flare-up of the IBS with minimal investigation; the third time a diagnosis of inoperable bowel cancer was made. A positive diagnosis of IBS does not give immunity from developing additional conditions.

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Patients' acceptance of physician associates

We read with interest the study by Jackson *et al* exploring the barriers and facilitators to integration of physician associates (PAs) into the general practice workforce.[1] We have a similar interest given that the first cohort of PAs trained at Newcastle University will graduate in October 2018 and the Northeast of England has a well-known shortage of GPs. We have completed a pilot study of patients' awareness and acceptance of PAs and PA consultations in two County Durham practices. Patients were asked to complete a short anonymous survey while waiting in the waiting room of the two practices. The survey included some information about the role and an opportunity for free-text comments, and there were 72 responders.

The results showed that 58% of patients had not heard of a PA, in spite of the fact that both practices had a PA student attached to the practice one day a week. Sixty-five per cent of responding patients were accepting of a PA consultation, 18% felt they would like to know more about the role first, 14% would rather wait for a nurse practitioner or GP appointment even if they had to wait longer, and 3% preferred to wait for a GP only. There were some caveats around appointment choice expressed in free-text comments, such as, *'it would depend on my ailment'*, but, in conclusion, results showed a general acceptance of PA consultations, in a population unfamiliar with the role.

Our pilot study indicates few barriers for physician associates in terms of patient agreement. However, we agree with Jackson and colleagues[1] that there is much work to be done in addressing the many complexities around their integration and acceptance by primary care teams themselves.

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Bad medicine

Once again, Des Spence manages to articulate what many of us are thinking.[1] It has crossed my mind, more than once, that if the QOF has not led to the significant benefits in mortality and morbidity it should have done (despite us prescribing vastly more drugs for blood pressure, cholesterol, and diabetes), does that mean the underlying evidence for all of this is much less certain that we would like to think? I would echo his call for the professors and statisticians out there to look into this (and ideally as a matter of urgency, as we are still being reminded that we 'could do better' in the prescribing of drugs for primary prevention).

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