Yonder

Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

Stillbirth, COPD, sleep disturbance, and racial bias

Stillbirth. Of all the traumatic life events that we support our patients through, stillbirth is surely one of the most challenging. Although good care cannot remove the pain of the loss, poor and insensitive care can obviously add to the distress felt and impact parents' recovery. Due to a variety of medical and social factors, stillbirth rates are commonest in areas of greatest deprivation, and a recent study from Oxford investigated the experiences of women from the most deprived parts of England.[1] Participants highlighted difficulties in accessing care, a feeling that more could have been done, ineffective communication, and gaps in care. The authors emphasise that compassionate and sensitive care is needed, and acknowledge that this may require cultural training and an increased use of interpreters. Routine care should include individualised information and advice, ensuring patients feel listened to, a care environment away from labouring women, and flexible and appropriate follow-up options.

COPD. When policymakers consider COPD, the context is often the significant number of hospital beds that are taken up by exacerbations, and this is clearly an important area of focus for overburdened health systems. However, the target of reducing acute events should not distract from the inevitable long-term decline that these patients experience. A London-based research team investigated the use of palliative care services by patients with COPD, analysing electronic health records for over 92 000 patients between 2004 and 2015.[2] For deceased patients with lung cancer, 56.5% had received palliative care; however, among those who had COPD without cancer, palliative care was received by only 16.7%. They also showed that, when palliative care teams were involved, it was only in the last few weeks of life, whereas COPD symptoms are often progressively restrictive over many years. The authors suggest that there is an 'urgent need to improve', although I'm not sure palliative care services would cope if we suddenly sent all of our patients with COPD their way.

Sleep disturbance. Sleep problems frequently come up in general practice consultations, and can be linked to a wide variety of medical, psychological, and social factors. One of these factors is substance misuse, which was recently investigated by a research team from Boston. They found that, compared with patients with no sleep or psychiatric problems, patients with sleep disturbance had a greater risk of subsequent substance misuse treatment.[3]

Approximately one-fifth of patients with sleep disturbance were treated for an illicit drug use disorder and approximately 12% were treated for alcohol use disorder. People with both sleep and psychiatric problems together were at particularly high risk, as were men and older patients. The authors encourage us to screen and evaluate sleep problems more carefully, keeping this elevated risk in mind.

Racial bias. In the US, black people have been shown to have poorer health outcomes than white people, even when controlling for socioeconomic status and disease progression. There are similar patterns of racial inequality across the world. Although some healthcare workers are working hard to rectify this injustice, it has been suggested that clinicians themselves could actually be part of the problem, through their own racial biases. A recent US study investigated clinicians' perceptions of black versus white patients' personal responsibility for their health, and whether this effect differs between the US and France.[4]

Although French clinicians did not exhibit significant racial bias on the measures of interest, American clinicians rated a hypothetical white patient, compared with an identical black patient, as significantly more likely to improve, adhere to treatment, and be personally responsible for their health. As the authors point out, the main message from this study is that healthcare bias differs significantly across countries, and therefore requires a multifaceted global solution.

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