Yonder

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

Truthfulness, group visits, new care models, and a sense of calling

Truthfulness. Doctors pride themselves on being honest with their patients. It is, after all, one of the fundamental principles of medical ethics and professionalism. With enough probing, though, many will admit that there are plenty of real-life clinical situations in which they struggle to adhere to this principle. A medical research team from the US recently studied truthfulness in primary care through a focus group and interview study of 32 physicians.[1] They found that, although the doctors rarely outright lied to patients, slanting and deliberately withholding information was quite common. They described truthfulness as an ethical requirement and felt that deviations from it required proper justification, such as promoting patient wellbeing and avoiding harm. The authors highlight that the complex nature of primary care practice means that the duty of truthfulness is regularly in conflict with other moral duties. As medicine advances, truthfulness in doctors will surely become more important than ever.

Group visits. Although opioid overuse is common in the UK, the situation isn't nearly as bad as it is in the US, where it is fast becoming a national crisis. In response to this, treatment regimes that use buprenorphine and naloxone have become increasingly popular. Recently, these have started to be used in shared medical appointment models, known as group visits. A US research team assessed this approach by studying 25 participants who were enrolled on group visits in a family medicine clinic.[2] Participants demonstrated some positive communication behaviours, such as lightening the mood, offering direct emotional support, and expressing gratitude to the group. However, there were some more negative behaviours such as side conversations and individual participants disproportionately dominating group time. The authors felt that, on balance, these group behaviours add unique value in supporting patients in their recovery.

New care models. Evidence-based medicine is central to good clinical commissioning decisions. In response to current clinical and health services research, local pathways should evolve to ensure the right treatments are available for patients. Osteoarthritis is a classic example of this. Evidence has demonstrated the limitations of surgical and pharmacological options, and highlighted the importance of education, self-management support, exercise, and weight loss. An Australian research team recently studied GPs' engagement with a proposed new model of service delivery to provide evidence-based care for patients with knee osteoarthritis.[3] Through semi-structured interviews, they found that, although GPs recognised the potential benefits of extra support for patients, they had concerns about a disconnect with other schemes and initiatives, and were reluctant to trust in the skills of the health professionals providing the care support. As the authors correctly highlight, those designing new care pathways should carefully consider the views of clinicians as well as the scientific evidence, especially when their engagement is central to the success of the new model.

A sense of calling. There are serious doctor shortages across the NHS and in other health systems around the world. This has led to a renewed focus on wellbeing in doctors, and researchers have been attempting to understand how they draw intrinsic meaning from their work. Though originally a concept with religious roots, the concept of calling has evolved into a broader reference to any strong sense of purpose that keeps motivation alive, nourishes a proper sense of self-fulfilment, and enables one to work with a vision. A US research team recently explored the sense of calling through a survey that was completed by 896 primary care physicians and 312 psychiatrists.[4] They found that physicians who reported that medicine was a calling may be experiencing higher levels of career satisfaction, more durable clinical commitments, and resilience against burnout. The authors suggest that medical educators should consider open 'educational spaces' that allow students to lend voices to the moral communities from which they are deriving their sense of calling in the practice of medicine.

Ahmed Rashid,
GP and Senior Clinical Teaching Fellow, UCL Medical School, UCL, London.

E-mail: ahmed.rashid@ucl.ac.uk
@Dr_A_Rashid

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