



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

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Obesity communication, opioid deprescribing, actinic keratosis, and artificial intelligence

Obesity communication. It's easy for policymakers and commentators to suggest that GPs should opportunistically offer weight management advice. Clinicians recognise, though, that initiating these discussions can be extremely challenging. Not only do they require a considerable amount of time that often isn't available, but they also have the potential to be perceived as offensive, which means that they could cause disharmony in the clinician–patient relationship, potentially undoing years of carefully developed bonds. A team of researchers recently used discourse analysis to examine how UK GPs talk about obesity.¹ Their findings suggest that GPs both reproduce and resist moral discourse surrounding body weight. They construct obesity as an individual behavioural problem, while simultaneously acknowledging the sociocultural, social identity, and stigma issues that are associated with it. They suggest that these competing frameworks may contribute to increased tension and powerlessness for GPs. The paper concludes that this uncertainty among GPs actually echoes the societal and political landscape they are working with, and therefore has no simple solutions.

Opioid deprescribing. Opioid analgesic drugs should not be first line in chronic non-cancer pain and the harms associated with their use have been well documented. In the last couple of years there has been considerable focus on this problem in the US, and other countries are following suit. In Australia, the use of opioid analgesics has quadrupled in the last two decades and a recent study in an Australian primary health network investigated influences on opioid deprescribing.² In a survey of GPs, only half agreed that opioid analgesics should be reserved for people with acute cancer pain or palliative care. GPs were less likely to deprescribe when effective alternative treatments were lacking, and various patient factors (for example, fear of weaning) were reported to decrease the likelihood of deprescribing. Overall, many GPs held attitudes at odds with local guidance. The authors suggest the GPs need more training.

I wonder whether they actually need more nuanced and realistic guidelines.

Actinic keratosis. Actinic keratosis (AK) is a long-term skin condition caused by chronic skin exposure, and the incidence is steadily increasing. The current management of AK varies widely within and between primary and secondary care. Like their UK counterparts, Dutch GPs are the gatekeepers to specialist care, and are therefore critically important to the overall healthcare impact of high-volume conditions such as AK. In a recent study from the Netherlands,³ GPs reported conducting limited proactive clinical assessments of cutaneous photodamage due to a perceived lack of value, varying in their method of diagnosing AK. They mainly applied cryotherapy or referred to secondary care due to lack of experience, varying in their applications and providing mostly patient-driven follow-up care. A more joined-up approach between dermatologists and GPs is the main recommendation from the authors, along with improved patient resources to support the shared decision-making process.

Artificial intelligence. You can't open a medical magazine or journal nowadays without reading about how AI is going to 'disrupt' medicine and health care. I like to think that GPs are (rightly) some of the most sceptical of all healthcare workers, so I was interested to read a survey of UK GPs' opinions about the likelihood of future technology to fully replace GPs in performing six key primary care tasks.⁴ Perceived limitations included the beliefs that communication and empathy are exclusively human competencies; many GPs also considered clinical reasoning and the ability to provide value-based care as necessitating physicians' judgements. Perceived benefits of technology included expectations about improved efficiencies, in particular with respect to the reduction of administrative burdens on physicians. Overwhelmingly, GPs considered the potential of AI to be limited. Given the current political preoccupation with 'digital health solutions', let's hope that clinical considerations are not sidelined in policy decisions.

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