Editor's Briefing

Euan Lawson

ASSUME NOTHING

It is all too easy, all too human, to fall prey to our biases. The research this month does an impressive job of poking us in the assumptions. It could be argued that continuity and communication are the two most important features of general practice. After all, they are the bedrock of relationship-based care.

The study by Sandvik *et al* on continuity in this month's issue feels right to GPs and fits with existing evidence. In Norway, the introduction of a named GP has been associated with startling improvements in emergency admissions and mortality with reductions of 25%–30%. As GP Phil Whitaker wrote in the *New Statesman*: *'If continuity were a pharmaceutical product, the National Institute for Health and Care Excellence (NICE) would be mandating its deployment … The Care Quality Commission should be assessing continuity as a critical aspect of its inspections. The Department of Health should be devising policies to incentivise its provision.'*

There is a danger here as we feel it's right, but we must guard against a slide into righteousness. The evidence is there, it is strong, but I also think many GPs want it to be true. I'd go as far as to suggest that GPs are prone to a continuity bias — if we can attribute a positive outcome to continuity then we will. I agree with Phil Whitaker and continuity is sorely neglected, but, as the legendary Sergeant Phil Esterhaus from the 80's cop show *Hill Street Blues* used to exhort, *'let's be careful out there'*.

The analysis of doctor empathy on patient outcomes by Surchat *et al* may deflate some bubbles. Women do empathy better than men don't they? The self-reported scores of empathy in the study confirmed that gender-based belief but, as it turned out, it wasn't seen in most of the behaviourally-based empathy measures. The study may not have been sensitive enough to pick them up or it could just be that social stereotyping is hard to shake off and doesn't reflect the true picture.

Locum doctor use is seldom given any attention, other than a knee-jerk pejorative reaction. There is no shortage of assumptions here. After all, surely locums are the very antithesis of continuity? Well, maybe. Grigoroglou *et al*'s study found that locum use didn't increase between 2017 and 2020 in England. We also need to be careful about stereotyping locums, and the majority were employed in long-term positions.

You may feel more secure in the assumption that emergency risk prediction tools will prevent unnecessary admissions and are a Good Thing. In fact, the evidence isn't there and Evans *et al* explored how an emergency risk prediction tool worked in Wales, or more accurately didn't work as intended. It was associated with an increase in admissions. It's a stone-cold exemplar of the need for careful evaluation of policies, parking our assumptions, and the sheer necessity of accruing good evidence.

Euan Lawson,
Editor, *BJGP*

Issue highlights

Enjoy the research but don't forget to flip to the analysis articles. First up, there is Shah *et al*'s article on meaning in the consultation and the third in a series. Next, a critique of the new enhanced service specification for long COVID. And, will we ever see point-of-care testing in routine general practice? St John *et al* have some thoughts on that. Clinically, we also cover hepatitis C — a disease that can now, remarkably, be cured. What are we waiting for? *Life & Times* remains its usual opinionated self and shouldn't be missed.

Further notes and commentary from the Editor on the February 2022 issue (with references and links to the articles) can be found at https://www.bjgplife.com/feb22

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