

# The Back Pages

## viewpoint

### On bandwagons and contracts

THE landscape of the *BJGP* is taking on a familiar pattern to those of us keen, or sad, enough to explore its terrain regularly. We begin on the gentle lawn of the Editor's monthly focus, and proceed smartly on to the starker heath of the editorials, where important people expound their views from towers of varying shades of ivory. Thus prepared, we tackle the uneven land occupied by the Original Papers, glancing at some, exploring others, and fleeing at the very sight of a few. Across the stepping stones of a Brief Report or two we land on the solidity of a review of Recent Advances, usually well worth the full tour. The rather drab patchwork fields of the letters pages come next, and then the greener grass of the situations vacant columns (New Zealand always looks tempting). Wearing and dehydrated by now, the conscientious traveller reaches the peculiar region known as the Back Pages. Here can be found fountains of intelligence, bogs of academe, hallucinatory visions of postmodernism and informatics, and rocks of commonsense. And here am I, trying to fit in somewhere, and realising that metaphors soon become tiresome. Sorry.

Anyway, what is clear is that one of the privileges of writing a column securely lodged in the Back Pages is that I am free to fire salvos at the front pages (here come those metaphors again) without much fear of reprisals. My target for this month is an editorial by George Freeman *et al* in the September edition, 'The journey towards patient-centredness'.<sup>1</sup> Now, I'm not particularly opposed to a degree of 'patient-centredness', and like to think I aim in that general direction, but does it have to be pursued with quite such crusading zeal? Do we really want to issue patients with audio- or even videotapes of consultations for them to mull over in the evenings — their very own reality TV show? Isn't this another step in encouraging narcissistic obsession on the part of both doctor and patient? I know, from my failed attempt to become an examiner for the MRCP, how many thousands of hours and how much well-meaning effort is put into categorising and identifying 'patient cues' (one measure of the doctor's patient-centredness) in video consultations, and how subjective an exercise it is. And, as Freeman *et al* point out, 'progress is slow and appears not to be widely realised in day-to-day consulting, *even in specially selected consultations*' (my italics). They go on, perversely, to draw conclusions from the paper by McLean and Armstrong in the same issue of the Journal,<sup>2</sup> which are opposite to those of the authors themselves. McLean and Armstrong suggest that the game isn't worth the candle; Freeman *et al* suggest that their method — using desktop cue cards as a reminder to ask the right, patient-centred questions — is 'a promising approach'. Isn't there a bit of wishful thinking going on here?

What really worried me, though, was the concluding sentence of the editorial. Just in case you missed it, here it is: 'In the UK we can look forward to when this aspect of practice (that is, patient-centredness) will be more directly rewarded in another revision of the General Medical Services contract.' Look forward? What kind of Orwellian language is this? Are you longing for the happy day when your computer terminal measures your patient-centredness and assigns you points, to be redeemed for money in the murky marketplace of the new GMS contract? The sentence should read: 'If we don't resist the current drift, before long even such nebulous qualities as patient-centredness may become subject to the prescriptive, dogmatic, and reductive constraints of the new General Medical Services contract, and doctors who do not adhere to the diktats of contemporary fashion will find themselves penalised'.

Is there more than a spooky coincidence in the fact that PC stands for politically correct, personal computer, *and* patient-centredness? Oh, and poppycock.

Dougal Jeffries

### References

1. Freeman G, Car J, Hill A. The journey towards patient-centredness. *Br J Gen Pract* 2004; **54**: 651-652.
2. McLean M, Armstrong D. Eliciting patients' concerns: an RCT of different approaches by the doctor. *Br J Gen Pract* 2004; **54**: 663-666.

'It's no secret that sildenafil often helps men to gain height in certain regions, but did you know that Everest base camp is one of them? *Ann Intern Med* reports a randomised trial ...'

*Flora Medica*, our journal review, page 797

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