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Eliciting patients' concerns

McLean and Armstrong conclude that eliciting patient concerns in the consultation resulted in longer consultations.¹ The results section did not include these results in detail but states 'Intervention consultations were on average 1 minute longer than controls, that is 11.0 minutes versus 10.0 minutes, although this difference did not reach statistical significance'.

Why bother to test for statistical significance if it is ignored in this way? Surely the correct conclusion is that there was no difference between the groups in the length of consultations, and that the benefits described came at no extra cost.

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1. McLean M, Armstrong D. Eliciting patients' concerns: a randomised controlled trial of different approaches by the doctor. *Br J Gen Pract* 2004, **54**: 663-666.

My experience of the patient-centred approach has led me to conclude that it is of the most importance at the beginning of consultations, although it should be embedded in the whole consultation process. Therefore, I find it strange to read of a method that involves switching some patients to a patient-centred approach in the second half of the consultation.¹ I believe this was also the method used by Savage and Armstrong in 1990.² Did the patients find it a strange experience to have this apparent change in the second half of the consultation and were the partici-

pating GPs normally doctor-centred in style? The authors do not comment on whether this was apparent on the videotapes from the 14 consultations that were made for validation purposes.

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1. McLean M, Armstrong D. Eliciting patients' concerns: a randomised controlled trial of different approaches by the doctor. *Br J Gen Pract* 2004, **54**: 663-666.
2. Savage R, Armstrong D. Effect of general practitioner's consultation style on patients' satisfaction: a controlled study. *BMJ* 1990; **301**: 968-970.

I read this paper by Maclean and Armstrong¹ with keen interest. Indeed, my Registrar Day Release Group chose this paper for further study this week. This original work raised important issues, questioning the place of patient-centredness on our agenda as educators in general practice. What if our concern to know our patients' concern is indeed misplaced? Has all the time I have spent over these past 15 years eliciting patient concerns been vain hope and glory?

The authors recognise the limitations of their work, and specifically question the sample size and the possibility that further benefits may be proven by a larger study. However, they assert that the 'increased cost in terms of consulting time seems intuitively right'. It is this assertion that is at odds with the results of the study itself wherein they conclude that there was, in fact, no statistically significant difference between consultation times in the two arms of this trial. How can the authors proceed to question the importance of patient-centredness based on this false premise?

Freeman *et al*, rightly reflects the shortcomings of this paper in his editorial, although he does give credit to the authors for having helped prove the importance of seeking patients' concerns in terms of patient satisfaction.² I trust this paper stimulates healthy debate, but we would do well to question our intuition — especially when the facts question our misconceptions.

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

Authors' response

We apologise for any lack of clarity in our implication that the extra minute, on average, taken to elicit patients' concerns was statistically significant. For reasons that we described, the study did not recruit sufficient patients to provide clear answers to all our questions. Even so, the regression analysis showed that the extra time contributed almost as much as elicitation to the already small effect on satisfaction with professional care. We then conflated these observations into the claim that elicitation takes time — for which we have, admittedly, only suggestive results.

We still, however, think it feels intuitively right that enquiring after patients' views in a consultation for a self-limiting condition will add to consultation length. If elicitation does not take extra time, then we concede that