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Questions about COPD

The subeditor on my student paper would never let us end a headline with a question mark: the writer should be clear about what they are saying. Rupert Jones restates the question early in his leader on chronic obstructive pulmonary disease:[1] 'we need to know whether there are effective strategies to stop people with early disease progressing, and if so, how to detect the disease early'. Without providing convincing evidence he ends with what seems like an answer: 'early diagnosis and active management can make real differences to the millions suffering to breathe' but use of the word 'can' rather than 'does' veils continuing uncertainty. The list of pharmaceutical sponsors and commercial interests, creditably included, helps us to weigh his views appropriately. His 'advice for any individual with early airflow obstruction needs to be that they may be at higher risk, but not that they are at the start of a relentlessly progressive disease whose course can only be changed by stopping smoking'. Leader writers and doctors should be clear about what we are saying: people — especially those with airflow obstruction — should stop smoking.

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Early diagnosis of COPD

The article regarding early diagnosis of COPD[1] was of particular interest, as our practice has recently implemented a Structured Systematic Screening Programme for the Early Detection of COPD. Patients are identified by case finding in routine surgeries and in both current and ex-smokers, those calculated to be 'at-risk' (over 40 years, with history of 15-pack-years or greater)[2] are subsequently invited for spirometry with the specialist nurse practitioner. This also triggers smoking cessation advice if appropriate. After 10 months, 56% of the target population have their risk documented, and of those, 45% have undergone spirometry. Thirty-five per cent of patients on the current COPD register were diagnosed through this initiative; an increase of 54% on the register held at the start, supporting beliefs that COPD is grossly under-diagnosed and consequently under-treated.[3]

As a large and increasing cause of worldwide mortality and morbidity, COPD cannot be ignored. Actively targeting those at risk allows optimal management and specific health promotion for example, vaccination. Recent work also suggests that diagnosing early airways obstruction in asymptomatic smokers does increase cessation rates,[4] thus preventing disease progression, and fuelling the argument that initiatives such as this are indeed of great health and economic benefit, and should be more widely employed.

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Appropriate postgraduate training

It's not often that this unreconstructed Essex boy finds himself gazing wistfully north of the M25 but such was the effect of Elaine McNaughton's editorial[1] describing an innovative programme for GP speciality training in Angus. I couldn't help but contrast life as described in the East Deanery of Scotland with that we are presently experiencing in the Eastern Deanery of England.

McNaughton rightly stresses that a meaningful implementation of Modernising Medical Careers (MMC) demands training programmes that not only provide doctors specialising in general practice with the required competencies but also are attractive enough to encourage high calibre doctors into the speciality. The programme she describes attempts to meet these challenges and provides a useful model for elsewhere. The main problem with innovation is that you have to be able to implement it and, in our part of the UK, we are hitting something of a reality gap.

Course organisers in the Eastern Deanery have spent the past 3 years busily designing their schemes in preparation for MMC and very good some of them looked too. In late August we were informed that, contrary to repeated assurances, funding had not been obtained to support 18 months in practice-based training and we were asked to re-design our schemes to include 2 years in hospital posts. The Deanery is now involved in frantic negotiations with the Trusts to 'badge' sufficient hospital posts and with general practice being at the end of a long queue, it's difficult to be