Letters

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The meaning of the handshake towards the end of the consultation

During an appraisal I was challenged on how I recognise a consultation has gone very well. I suggested, in my experience, those ending in a seemingly spontaneous patient-initiated handshake may provide one important sign. However, there was no published evidence supporting this hypothesis.

Over a 12-month period all patients offering a handshake towards the end of their consultation were asked to complete a short questionnaire exploring the reasons for expressing themselves in this way. Patients were asked only once over the study period.

Sixty-six patient-initiated handshakes (55 males, 11 females, aged 23–86 years) were received. These occurred within 5368 consultations representing 1.2% of all consultations and over just one per week. Patients gave 145 reasons for offering a handshake. These were collated into identifiable groups,

Most handshakes (83%) were offered by men. This concurs with data from psychological settings where carer-initiated handshakes were more common between male than female dyads and least likely between cross-sex dyads.[1,2] Most handshakes (79%) were given in approximately equal frequency over several age bands from 40–79 years.

The majority of reasons given for handshaking (87%) were related to patients' perceptions of the doctor, the consultation, and their clinical care. These reasons were grouped into the effect of the consultation on the patient (27%), perceptions of the doctor (19%), verbal communication (18%), outcomes of the consultation (12%), and overall satisfaction with care (11%). Only 13% of reasons related to patients' own social and cultural beliefs.

This small study suggests that most handshakes offered by patients towards the end of consultations reflect patient satisfaction — 'the happy handshake'. Indeed, many reasons were recorded using superlatives such as 'very' and 'much' representing a high level of patient satisfaction — 'the very happy handshake'.

Many patient-centred aspects of the patient–doctor interaction were associated with handshakes. Indeed, the handshake seems related to the interpersonal effectiveness of the doctor in terms of verbal communication, empathy, trust and compassion. These are human qualities, the expression of which, are known to be important in care,[3] difficult to measure,[4] and probably best assessed by patients.[5,6] This behavioural patient feedback may compliment other methods of feedback currently in use for evaluating doctors' interpersonal effectiveness.[4]

Further research is needed to explore the patient-initiated handshake as a marker of these important aspects of quality of care in general practice

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Tuberculosis in primary care

I was glad to see a primary care-based study and accompanying editorial on tuberculosis (TB).[1,2] For those of us working in areas where TB is no longer rare, reminders of the growing problem and diagnostic pitfalls are welcome. We know that at least one-half of TB cases are among people born abroad, in places where prevalence has always been high. In addition, among refugees arriving here, as many as 50% may be infected with TB; worldwide, over 17 000 refugees get sick with the disease every year.[3] Tourism, international travel and migration are helping TB to spread. Other displaced people, such as homeless people in the UK, are at increased risk of being infected. Wherever it occurs, we need to recognise it is difficult to treat TB in mobile populations, and most of the challenge rightly falls on community and primary care services.

Yet, despite the Chief Medical Officer's action plan, there are still gaps in our management of TB in this country causing us to fall below internationally accepted standards of care. GPs deserve better, clearer guidelines on diagnosis and treatment, including:

- An emphasis on the need for sputum microscopy for detecting acid-fast bacilli as *the* definitive diagnostic test, with added value in public health terms of identifying infectious cases.[4] Chest X-rays and other investigations are difficult to interpret and should not be recommended to GPs.
- On diagnosis, an explicit discussion with the patient to reach agreement on a treatment plan. GPs need to build a mutual accountability between patients and their