Letters

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Reflections on a 60-year journey

Professor John Howie's essay captures many of the problems that were faced by the emerging academic departments of general practice in UK medical schools.[1] As one of those involved over 30 years ago I was only too aware of the 'real doctors' or 'real academics' tension he refers to. After 20 years as a full-time 'real GP' I found myself facing the challenge of setting up academic general practice on a shoestring in a university reluctant to do it. Critically important was the support of local GP colleagues who were willing and enthusiastic to teach, initially for peanuts. This and the appreciation by students of the relevance and value of this teaching ensured survival in hard times. As Howie says, it is encouraging and satisfying to see how far academic general practice has progressed.

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Two-week cancer referrals: what do you tell the patient?

All GPs are familiar with the 2-week cancer referral system that has been in place for more than 10 years, and the NHS Constitution (2010),[1] but the ways in which individual GPs explain the process to patients differs widely.

Some GPs will explain the potential, albeit sometimes small, risk of cancer to their patients before making the referral, whereas others make no mention of the possible diagnosis at all so as not to 'worry' the patient in advance.

There are a number of potential problems associated with the latter approach. A significant number of patients arrange a consultation with their GP because they are concerned that their symptoms may have a sinister underlying cause and, even if this is not mentioned during the consultation, will remain fearful of a potential cancer diagnosis.

A number of patients appear to be unaware of their GPs' concerns, and in a recent survey of over 160 adult patients, this equated to 49%.[2] Anecdotal evidence suggests that some of these patients then did not attend, or in some cases try to delay, their 2-week appointment for up to 3 months, 'choosing' to prioritise work or holiday commitments.

Of more significance are those patients who are shocked or upset when they are contacted by the hospital, prior to their initial appointment, and cancer is mentioned, verbally or in writing.

There is no 'one size fits all' approach to this delicate issue, but it is possible to find a form of words that acknowledges the reason the patient consulted their GP in the first place, recognises the potential for cancer to be among the differential diagnoses, and also highlights, in a positive way, the fact that there is now a system in place that will allow rapid assessment and diagnosis that in 90% of cases will result in a non-cancer diagnosis.[3–5] Using this approach, irrespective of the differential diagnosis, the patient will, in most instances, appreciate that serious consideration has been given to their concerns and they have had an opportunity to discuss this openly.

Although the GP may be reassuring during a consultation, it is often worthwhile suggesting that the patient take a friend or family member with them to their hospital appointment. In this way, cancer patients will be more likely to have someone with them if they are given bad news (74% versus 45%).[2]

During the consultation it is also vital that the GP checks the demographics with the patient, particularly with regard to telephone and mobile phone numbers, as the hospital will more often than not telephone the patient to arrange their appointment.

By adopting this suggested approach, it is possible to improve the experience of people being referred under the 2-week rule.

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