The Review

First do no harm:

whatever the situation, a positive approach by doctor and patient is beneficial

'First Do No Harm' is a series of 12 brief monthly articles with internet footnotes about harming and healing in general practice. Each article is based on one of the 12 RCGP competency domains, this month's being:

5. Clinical management: the recognition and management of common medical conditions in primary care.¹

*'It is far better to predict without certainty, then never to have predicted at all.'*²

It's as important to recognise variants of normal as it is to identify pathology. For variants of normal, treatment causes harm without benefit. Even where pathology is present, for many medical interventions harm precedes benefit, and for some interventions, total harm exceeds total benefit.^{3,4} A good consultation, without investigations or drugs, is potentially all good, a form of treatment called 'doctor'⁵ which is better than an inappropriate prescription.⁶

HARMING

Responding to problems by routinely suggesting intervention^{1,7} just to make sure.⁸ Attributing outcomes to past and therefore unalterable events — 'you/they shouldn't have done that'.⁹ Raising expectations that can't be met. Making the patient worried and insecure⁴ — hopeless (that problems are insoluble) and helpless (that things are outside their control).¹⁰

HEALING

Working within the bounds of the possible,⁷ being 'there' for the patient (if not physically, then figuratively), bolstering the patient's self-confidence and security,⁴ fostering a 'sense of coherence' (that things will work out reasonably okay).¹⁰ Agreeing the management plan with the patient, exploring the patient's understanding of what's happening, providing explanations that are relevant and understandable to the patient, using appropriate language. Identifying the urgency and gravity of the situation and responding appropriately.¹ While using knowledge of natural history of disease, monitoring progress to check for deviation from the expected path.¹

ATTITUDE

Being comfortable with two roles: as

bio-mechanic using technology and as humanist using ourselves in a relationship with the patient.⁵

KNOWLEDGE

When the odds of cancer are 1:19, the odds are 19:1 that the patient doesn't have cancer and may therefore be harmed by a referral and by failure to address their true problem.⁴ The 10% of patients with the highest predicted risks calculated by validated computerised algorithms include 61–77% of all lung,¹¹ gastro-oesophageal,¹² pancreatic,¹³ colo-rectal,¹⁴ and ovarian¹⁵ cancers diagnosed over the subsequent 2 years. So cancer diagnosis (and exclusion) will require serial consultations in these patients at high risk; and 23–39% of cancers will be found among patients at low risk. Furthermore, symptoms may point to cancer in general but not one cancer in particular: loss of appetite and loss of weight are common to all five cancers. Tests are often instigated by doctors rather than by patients.¹⁶ Whatever the situation, a positive approach by doctor and patient⁴ is beneficial.

SKILLS

Using the patient's own words and checking the patient's understanding¹ repeatedly with open questions.⁴ Offering choice judiciously¹⁷ — for instance, over formulation of paracetamol. Averting conflict by means of a checklist of options: agree, disagree, counsel, or refer. Finding out what the patient is expecting and addressing unmet wishes. Talking reassuringly.⁴

Wilfrid Treasure,

GP, Whalsay Health Centre, Symbister, Whalsay, Shetland.

DOI: 10.3399/bjgp12X656919

Supplementary information

The internet footnotes accompanying this article can be found at:
<http://www.darmipc.net/first-do-no-harm-footnotes.html>

ADDRESS FOR CORRESPONDENCE

Wilfrid Treasure

Whalsay Health Centre, Symbister, Whalsay, Shetland, ZE2 9AE, UK.

E-mail: doctorwilfridtreasure@gmail.com

REFERENCES

1. Royal College of General Practitioners. *MRCGP 12 competency areas in detail*. http://www.rcgp.org.uk/docs/nMRCGP_12_Competency_Areas_in_detail.doc [accessed 4 Sep 2012].
2. Poincaré H. *Science and hypothesis*. New York, NY: Dover Publications Inc, 1956.
3. Gillon R. *Philosophical medical ethics*. Chichester: Wiley, 1986.
4. Treasure W. *Diagnosis and risk management in primary care: words that count, numbers that speak*. London: Radcliffe Publishing, 2011.
5. Balint M. *The doctor, his patient and the illness*. New York, NY: International Universities Press, 1957.
6. Thomas KB. General practice consultations: is there any point in being positive? *BMJ* 1987; **294**(6581): 1200–1202.
7. Le Fanu J. *The rise and fall of modern medicine*. 2nd edn. Boston, MA: Hachette, 2011.
8. Martyn C. Why medicine is overweight. *BMJ* 2010; **340**(7758): 1219.
9. Festinger L. *A theory of cognitive dissonance*. London: Tavistock Publications, 1962.
10. Antonovsky A. *Health, stress, and coping*. San Francisco, CA: Jossey-Bass, 1979.
11. Hippisley-Cox J, Coupland C. Identifying patients with suspected lung cancer in primary care: derivation and validation of an algorithm. *Br J Gen Pract* 2011; DOI: 10.3399/bjgp11X606627.
12. Hippisley-Cox J, Coupland C. Identifying patients with suspected gastro-oesophageal cancer in primary care: derivation and validation of an algorithm. *Br J Gen Pract* 2011; DOI: 10.3399/bjgp11X606609.
13. Hippisley-Cox J, Coupland C. Identifying patients with suspected pancreatic cancer in primary care: derivation and validation of an algorithm. *Br J Gen Pract* 2012; DOI: 10.3399/bjgp12X616355.
14. Hippisley-Cox J, Coupland C. Identifying patients with suspected colorectal cancer in primary care: derivation and validation of an algorithm. *Br J Gen Pract* 2012; DOI: 10.3399/bjgp12X616346.
15. Hippisley-Cox J, Coupland C. Identifying women with suspected ovarian cancer in primary care: derivation and validation of algorithm. *BMJ* 2012; **344**(1): d8009–d8009.
16. Ring A, Dowrick C, Humphris G, Salmon P. Do patients with unexplained physical symptoms pressurise general practitioners for somatic treatment? a qualitative study. *BMJ* 2004; **328**(7447): 1057.
17. Parrott T, Crook G. *Effective communication skills for doctors: a practical guide to clear communication within a hospital environment*. London: BPP Learning Media, 2011.