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Editor's choice

Primary health care: what role for occupational health?

We were interested to see the editorial by Buijs et al on primary health care: the role for occupational health? It is clear that there is now a growing momentum across Europe to improve physicians' awareness of the importance of work as a contributory factor towards health and wellbeing.

Following the Black review in 2008, the UK Government response, and the introduction of the new fit note there has been an important shift in attitudes among health professionals in the UK. A proactive approach and carefully designed programme of work, we believe, has been central to this shift.

The programme consists of collaboration across general practice, occupational health, and employers, providing a range of training materials to suit all learning styles. The training highlights the evidence base about the benefits of work as well as providing useful resources and strategies for GPs and other healthcare professionals when managing the work and health consultation. More than 3500 GPs across the UK have now attended face-to-face training run by the RCGP and many have downloaded e-Learning resources. All the resources, training, and information sit within one website created as part of this initiative in collaboration with UK and Welsh Government called Healthy Working UK.² The next stage in this work is to embed the resources into specialist training and appraisal and work is being undertaken in collaboration with the RCGP in the UK to see how this may be achieved. Resources and 'champions' across all medical schools in the UK have also been developed and support the undergraduate curriculum. Further resources are also being developed to support key messages across all medical specialties. We believe that this work alongside the new fit note (and the launch of the electronic fit note in July

this year) will support physicians in the UK to embed 'health and work' into their clinical management.

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REFERENCES

1. Buijs P, Gunnyneon B, van Weel C. Primary health care: what role for occupational health? *Br J Gen Pract* 2012; 62(605): 623–624.
2. Health working UK. www.healthworkinguk.co.uk (accessed 5 Feb 2013).

DOI: 10.3399/bjgp13X664108

Outside the Box: Proactive care: the patient's right to choose

Greenhalgh asks 'If it's ethical for someone to decline an offer of an opportunistic check or an invitation to screening, surely it is also ethical for a patient to ask not to receive such offers in the first place?'.¹ First, whether or not a patient should be allowed to ask not to receive offers of opportunistic screening is hardly an ethical one. It is clearly ethical for a patient to make such a request.

The real ethical issue relates to the targets of the Quality and Outcomes Framework that are related to uptake. The evidence that any of these opportunistic tests have net benefits either for an individual (informs the individual decision whether to opt to take up the test or not) or for a population (should the test be offered by the NHS or not) is scanty at best. It is thus entirely rational and reasonable for a person (not a patient) to choose not to have the test. It then becomes unethical

for uptake of that test to be a criterion by which quality is measured as it creates conflict of interest in the clinician which is clearly counter to the concept of informed patient choice and decision making. The only reasonable target in such a situation would be the proportion of patients making a decision (yes or no) based on informed consent. That the NHS persists in having targets for uptake of tests of debatable value to the population or to the individual is simply unethical.

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REFERENCE

1. Greenhalgh T. Outside the Box: Proactive care: the patient's right to choose. *Br J Gen Pract* 2012; 63(606): 37.

DOI: 10.3399/bjgp13X664117

Professor Greenhalgh makes a valid point about the pitfalls of opportunistic screening in general practice.¹ There will always be patients who find opportunistic health checks intrusive and entirely superfluous to their consultation with their GP. However, as Dr Greenhalgh points out herself, proactive care of this kind is often based on robust evidence and contributes significantly to practice income too. Allowing patients to entirely opt out of participating in these health checks could therefore have serious long-term clinical and cost implications.

There are also practical problems in implementing any 'opt-out' systems. Presumably any decision to opt out of routine health checks would have to be based on informed consent. But such informed consent would surely have to be regained at fairly regular intervals in order to be ethical and fair. If a 50-year-old woman, for example, opts out of ever receiving letters inviting her for annual blood pressure or urine-dip screening, is it ethical to regard this consent as indefinite and not re-offer the screening as she ages, her cardiovascular risks increase,