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We need another word for 'chronic'

Is it time to stop using the word 'chronic' and talking about chronic disease? The *BJGP* in December has the reference to chronic in the title of four of its articles.^{1–4} Language changes with time and with usage. For example, the phrase 'terminal care' has made a transition to the more positive-sounding 'palliative care', not least because we are far more open in our discussions with patients than we were a generation or two ago and need to be sensitive to their interpretation of our terminology. Similarly, doctors may understand the term chronic in its primary dictionary sense of 'persisting for a long time or constantly recurring' and so may the some of the public.⁵ But others are more likely to hear its secondary, informal meaning 'of a very poor quality' and be offended, frightened, or bemused by this label being attached to their disease or, worse still, to their general health?

As we revise our curriculum at Nottingham we hope to incorporate further student experience that is community based with patients who have single morbidity or multiple comorbidities. Our debate is not over the urgent need for such education with population demographics changing to an increasingly older population, but what we call it, rather than chronic disease. Could it be: long-term conditions; integration of care in complex disease; integrated care; managing complex conditions; community-based disease; advanced primary care; living with long-term illness, or another new entity? Whatever term is adopted, it should be more optimistic and evolve from a discussion between disciplines and with patient participation groups.

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Primary care patients' reasons for choosing emergency department services in Jordan

Over-use of emergency departments (EDs) by patients with primary care problems is a matter of concern. I studied patients and carers of children attending the family medicine clinics in the ED of Al-Bashir Hospital in Amman, Jordan¹ from May to July 2011, during office hours (Sunday to Thursday, 8:00–16:00) to determine their main reason for choosing this service rather than a GP or medical centre.

A total of 1310 patients attended: 747 (57%) were adults, 563 (43%) were children accompanied by carers and 778 (59%) were female and 532 (41%) male. Reasons for attending were: 374 (29%) self-assessed urgency, 301 (23%) convenience (accessible and less waiting time), 231 (18%) self-assessed seriousness, 143 (11%) took treatment but still not well, 122 (9%) referred from other facilities, 97 (7%) needed a second opinion, and 42 (3%) were related to sick leave.

Siminski *et al*'s survey in Australia² suggested three important reasons: urgency, being able to see the doctor and have tests or X-rays done in the same place, and the seriousness or complexity of the health problem.¹ The EMPATH study in the US³ identified five factors characterising patient's principal reasons for seeking ED care, with medical necessity the most frequent,

followed by ED preference, convenience, affordability, and limitations of insurance.

There is an important distinction between clinically-assessed triage categories and self-assessed urgency and complexity. Patients can only be expected to act on their own judgement.² Use of the ED is for most people an affirmative choice over other providers, rather than a last resort, and it is often a choice driven by lack of access or dissatisfaction with other providers.³

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Self management: what happens to people with long-term conditions in between NHS appointments?

The NHS is grasping the nettle of activity promoting self-management as part of the long-term conditions (LTC) QIPP programme, but clinicians are slow to engage and consultations with individual patients are often few and far between. Is this really going to be enough to keep patients motivated to self-manage their condition? Less discussed, and even less understood is the role of voluntary and community organisations in promoting self-management. Organisations based in the community are well placed to engage, support, signpost and deliver activities to increase self-care, self-management, and levels of activation for people with LTCs.

The Think Ahead: Stroke Information Service in Wigan has developed a Self-