Yonder: a diverse selection of primary care relevant research stories from beyond the traditional biomedical literature

Finance, fibromyalgia, caring, & communication

Finance: In Denmark, much like in the UK, the GP workforce is under much strain due to flexible working and increasing population health needs. National health authorities are keen to restructure primary care services to meet this mismatch between supply and demand. In a recent article in the *European Journal of Health Economics*, the employment preferences of Danish GP trainees were examined using a web-based survey.¹ They found that these young doctors were far more likely to opt for shared practices than previous generations, who had to be incentivised to leave solo practice. However, the predominant preference is for smaller shared practices (two GPs) and the authors suggest financial incentives may convince them to meet government targets and opt for larger ones. Analyses from their data suggest that for an extra €6719 per year, the trainees would consider joining larger practices with three or four GPs and for an extra €26 875 per year, they would be willing to take on 5 extra hours per week of patient-centred work. How wonderfully precise!

Fibromyalgia: is a controversial diagnostic label that divides opinion in the medical profession. A chronic syndrome characterised by pain, fatigue, and cognitive difficulties, it relies heavily on the very personal interpretation of symptoms by patients. Given the subjective and uncertain nature of this condition, it has attracted much interest in psychological circles. In a recent qualitative study in the *British Journal of Health Psychology*, 20 patients with fibromyalgia were recruited from online and 'real world' support groups and interviewed via email in exchanges of between 2–4 messages.² Participants described a 'giant mess' of unpleasant symptoms. While the diagnosis often reassured individuals they were not 'going mad', many found doctors 'clueless' about the condition. The patient–doctor relationship was described as unfulfilling and unsurprisingly, doctors' failure to legitimise the illness was often a factor.

Caring: a key health challenge in the UK is to ensure that our social care delivery systems keep pace with the needs of an ageing population, the changing burden of disease, and the rise in public expectations. This has renewed the focus on the role of

informal caregiving from patients' friends and relatives. A recent *Social Science & Medicine* article explored how the role of carer was interpreted, by interviewing spouses, partners, parents, children, siblings, and friends of British patients with multiple sclerosis.³ While some embraced the carer identity readily, others acknowledged it more reluctantly, sensing that it was forced on them by circumstances and that it conflicted with their own preferred identity. Others, meanwhile, firmly rejected the identity of carer, despite recognising that they were performing caring activities. These individuals seemed to prefer an identity based on their relationship with their relative or friend, resisting the bureaucratisation of the carer label. Recognition of their role through welfare support added an additional layer of complexity to this identity struggle for many. Informal carers undoubtedly play an essential role for many patients and recognising the polarity of possible responses to the role is crucial.

Communication: Breaking bad news is a recognised communication challenge and can be stressful even for the most experienced clinicians. An Australian study published in *Patient Education & Counselling* investigated the physiological responses of 31 doctors prior to and during two simulated bad news consultations.⁴ They found that most doctors showed some anticipatory signs of stress leading up to the consultation, followed by a modest stress response during it. However, in around one-third of doctors, there was a significant and sustained stress response throughout. The results suggest that while all doctors were cognitively engaged with the task, levels of emotional engagement varied. The authors discuss the need for clinicians to recognise the impact of these encounters on themselves and not focus exclusively on their performance during them. As well as having obvious implications for the teaching of medical students and GP registrars, the article also highlights the importance of proactively recognising personal work stress and developing improved coping strategies for these difficult consultations.

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DOI: 10.3399/bjgp14X679778

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