Out of Hours
ShOOT THE ACADEMICS?
running the gauntlet of online responders

STINgING RESPONSES
It was only brief but it hurt. The hurt remains. Our encounter with readers on the internet, albeit in the perhaps rarefied world of online medical publishing — in this case, the Pulse online article comments section — still leaves us surprised and shocked.

The background was the publication of a qualitative investigation into doctors’ and patients’ perspectives about the use of touch in GP consultations. A summary was published in a weekly medical magazine for GPs in which readers were invited to respond by posting their online comments, which could be anonymous.

And respond they did, without mincing their words! The first correspondent was of the opinion that:

‘These academic types should be lined up and shot.’

To class this as academic is truly flattering’, suggested another.

For a second group, the thought of using touch as a communication tool in consultations was clearly too much:

‘Yuk, hands off’ and ‘Ugh, the touchy-feely approach is not for everyone. I’m British and proud of it. Please don’t pat me on the arm. What about stroking and squeezing?’

There were also comments questioning our methods that displayed ignorance of qualitative research and suggesting that our methods we use to obtain our data) ‘out up and shot’? ‘Lighten up,’ we hear you, say, ‘descend from your ivory tower and enjoy the joke.’ Of course, perhaps these responses should be taken at that level.

Nevertheless, given that these comments were, we assume, posted by GP colleagues or GPs in training, questions arise, and hence this brief reflection.

If our online responders were medically qualified, it is disappointing that their training has not equipped them to understand the basics of research methodology and to consider reading the original paper before reaching for their metaphorical pens (or guns even) to offer opinion and comment.

Touch is (or should be) a central part of doctor–patient communication, and the literature on this topic is very limited, hence this brief reflection.

Provoking such strong responses as those quoted here suggests that the subject of the use of touch in GP consultations is worthy of further discussion.

Box 1. Key points from our qualitative study of touch in primary care

- Some doctors never touch their patients apart from when undertaking a physical examination.
- Patients welcome being touched by their GP on their forearm or hand in appropriate situations.
- Doctors do not reflect often on this aspect of their work.
- Patients reported that expressive touch enhanced a feeling of being understood and suggested a genuineness in the doctor’s contribution to the interaction.

DESCENDING FROM IVORY TOWERS
So why do we remain surprised and shocked by the suggestion that we should be ‘lined

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