

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.¹ 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.²

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 this qualitative research methodology:

'... insufficient powering, selection bias, complete lack of meaningful end points ...'

and:

'The numbers leave something to be desired in a "validated" trial.'

Lastly, there were three serious and supportive responses outlining the purpose of qualitative research and suggesting that the previous responders (as quoted above):

'... brush up on their research methodology.'

DESCENDING FROM IVORY TOWERS

So why do we remain surprised and shocked by the suggestion that we should be 'lined

Box 1. Key points from our qualitative study of touch in primary care¹

- 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.

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,³ and the literature on this topic is very limited, hence the need for our study. So a preliminary exploration with interesting findings and implications (Box 1) at least offers somewhere to start, and has already impacted on the medical student curriculum of the university in which this study was carried out.

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.

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ADDRESS FOR CORRESPONDENCE

Simon Cockledge

Manchester Medical School, Stopford Building, Oxford Road, Manchester M13 9PT, UK.

E-mail: simon.cockledge@manchester.ac.uk

THE VALUE OF RESEARCH FOR CLINICAL PRACTICE

The comments directed at us also reveal a lack of awareness by professional colleagues concerning the role and work of academic clinicians. Most GP clinical academics of our acquaintance work at least two or three surgery sessions a week alongside their teaching and research commitments. We have stopped to reflect that we could better communicate how research (often rooted in the everyday clinical practice of academics) contributes to the development of evidence-based guidelines. In turn, these are used regularly by the very colleagues criticising us, as well as impacting on the training of future doctors.

Perhaps we should all be more savvy in our use of online medical publishing to get our results (and explanations of the methods we use to obtain our data) 'out there.'

Simon Cockledge,

Honorary Senior Lecturer in Primary Care and Communication, University of Manchester, Manchester.

Carolyn Chew-Graham,

Professor of General Practice Research, Keele University, Keele.

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