Yonder

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

GP trainers, menopause, shared decision making, and coroners' reports

GP trainers. Rarely does a week go by without an unpleasant newspaper headline about GPs overprescribing antibiotics. Having recently had a patient swear profusely at me and refuse to leave my consultation room after I'd explained that they had a viral infection that wouldn't improve with antibiotics, I find myself wondering whether policymakers really understand the work we do in primary care. A recent French study took on the divisive issue of antibiotic prescribing, comparing rates between GP trainers and non-trainers.[1] They looked at the prescribing patterns of 860 GPs over 1 calendar year, 102 (11.9%) of whom were GP trainers. Prescribing rates were adjusted for various GP characteristics, including sex, age, location of the practice, number of visits per GP, and the case-mix. Being a trainer resulted in a significant difference in antibiotic prescriptions compared with non-trainers, corresponding to a relative reduction of 23.4%. Although a noteworthy finding, it's difficult to know what the policy implications might be. An interesting follow-up question might be: what is it about being a GP trainer that makes you less likely to prescribe antibiotics?

Menopause. It's quite possible to work as a junior hospital doctor for several years without having to think about a condition like menopause. I managed to do just that, despite having spent 6 months working in O&G. A recent Australian study sought to investigate the prevalence and associations of GP registrars' management of women with menopause-related symptoms.[2] Of the whopping 189 774 registrar consultations included in their cohort study, 0.44% related to menopause issues. This is considerably lower than equivalent figures for Australian GPs, suggesting women prefer to talk to their long-term GPs about what are typically chronic and sensitive symptoms. Female registrars were unsurprisingly more likely to encounter menopause symptoms and all registrars were more likely to need to ask for assistance during these consultations.

Although the paper clearly outlines the educational challenges regarding menopause, it sadly doesn't offer any feasible solutions.

Shared decision making. The fact that so many patients express an unfulfilled desire to remain in their own homes at the end of life is bad news for those individuals, their families, and the health systems around the world facing unprecedented pressures. Shared decision making (SDM) is a fundamental principle to all areas of health care but is particularly important in palliative care, where it can help to empower people to meet their own goals. A research team from Northern Ireland recently explored the experiences of multidisciplinary, community-based healthcare professionals on SDM at the end of life.[3] Although there was recognition that SDM could improve the quality of decision making, clinician uncertainty and confusion about SDM were key barriers to implementation, as were difficulties in coordinating care. With an ever-expanding body of evidence showing the enormous potential of SDM to improve health outcomes at population and individual patient level, every effort must be made to break down these barriers and support clinicians and patients to share decisions in a meaningful way.

Coroners' reports. Since legislation in 2009, coroners in England and Wales have had a duty to produce reports in cases where they believe it is possible to prevent future deaths. A research team from Birmingham recently examined these reports with a focus on preventable medication errors and novel adverse drug reactions.[4] They examined 500 coroners' reports and found that medicines or a part of the medication process were mentioned in 99 (19.8%) of them. Anticoagulants, antidepressants, and opioids were the most common drug classes to appear. Concerns most frequently related to adverse reactions to prescribed medicines, omission of necessary treatment, and failure to monitor treatment. Most reports went to local hospitals or CCGs, which, as the authors highlight, could mean that important lessons are not being shared with the wider medical community.

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