



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

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Near misses, cancer communities, binge-eating disorder, and food banks

Near misses. What's the optimal way to use electronic records during a consultation? If you stop the consultation and complete the records in silence, this clearly affects the communication flow. If you complete them when the patient has left, there is a risk of forgetting and increasing workload. As a result, many clinicians multitask. Californian researchers recently studied the effects of this type of multitasking on misses (errors not caught at the time) and near misses (mistakes that were caught before leading to errors).¹ They interviewed physicians enrolled on a workshop about relationship-centred communication during clinician electronic health record use. Every single physician talked about misses or near misses from multitasking, and many wondered about 'misses we don't even know about'. Participants brainstormed strategies, such as silence when prescribing, narrating computer use out loud, adapting consultations, and improving computer system designs. They hope these measures might allow them to balance patient safety with effective communication during consultations.

Cancer communities. In times gone by, support groups and patient communities were limited by geography and accessibility. The internet has meant that these communities can now maintain contact using various forms, including mailing lists, chat rooms, and social media groups. Cancer can cause much anxiety and uncertainty, and has been the topic of many online communities in recent years. A recent Dutch systematic review synthesised literature that analyses user-generated content shared within these online cancer communities.² They reviewed a total of 27 studies, which broadly showed that discussions were either about informational support or emotional support. Individual studies had used a combination of quantitative and qualitative methods to analyse the data, and the authors argue that findings generated from these communities should be used to help shape health policy decisions.

Binge-eating disorder. DSM-5 defines binge-eating disorder as a distinct, clinically

diagnosable eating disorder. Much has been written about the influence of the internet on eating disorders, and if you haven't seen the #thinspiration movement on social media, I suggest you take a look — if only to be alarmed by the messages that your adolescent patients may be being exposed to. The opposition to this movement comes from pro-recovery websites that provide balanced information and support. A recent US study analysed a pro-recovery website about binge-eating disorder, looking at 681 messages from 65 participants.³ The researchers identified three themes surrounding 'changes in thinking' from analysis of the message board postings: admitting the disorder, recognising unhealthy coping behaviours, and seeing recovery. Further analysis of postings suggested that guilt and self-blame hinder recovery by promoting a feedback cycle of bingeing, which leads to further guilt and self-blame. The authors suggest that doctors, dieticians, and psychotherapists working in this field should advocate the 'health at every size' approach (<https://www.sizediversityandhealth.org/>).

Food banks. Food banks are a political hot topic at the moment. Regardless of your political position, though, it's clear that food poverty is an important social determinant of health. In high-income nations such as the UK, food poverty contributes, paradoxically, to both malnutrition and obesity, as poorer households find themselves having to opt for foods that are poor quality, energy dense, and low in nutrients. Findings from an ethnographic study of the food bank system in Greater London were recently published,⁴ showing that contemporary lived experiences of food poverty are embedded within, and symptomatic of, extreme marginalisation. Food poverty was conceptualised by participants to be a barrier to providing adequate care and nutrition for children, and as a major contributor to health and social problems. These experiences demonstrate the extreme economic, political, social, and cultural exclusions that produce poverty, and, frustratingly, remind us just how powerless we can be from within the healthcare system.

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