**Consultation length matters**

Euan Lawson is right to draw our attention to the length of the GP consultation in the UK. Reference to martyrdom is not required. GPs and their practices have it within their gift to make the changes required to move from 10- to 15-minute consultations.

We have recently done so at our own practice, and it would be fair to say that it has been the single most beneficial change in my 21 years at the practice. There has been a reduction in GP stress and anxiety (running late suits no one), morale has improved correspondingly, and patients are now given more time for their problems. We calculated that we would lose about 70 GP appointments across the week to achieve the change. In preparation for the move, these have been more than replaced by employment of nurse practitioners, a paramedic, a musculoskeletal FCP, and, most recently, a mental health nurse FCP.

Many practices are moving to 15-minute appointments, and we would urge others to plan to do so. We may even find it adds a few more precious years to GP careers.


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**REFERENCES**


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**Doctors’ ongoing education, empathy, and continuous emotional and psychological support for patients might help to deal with their medically unexplained symptoms**

I very much appreciate the article about medically unexplained symptoms (MUS), as MUS is a very important disease entity. An ongoing doctor–patient relationship is the key to a satisfactory outcome of managing patients with MUS. We have to acknowledge the patient’s symptoms and suffering by addressing their wishes of explaining their symptoms arising from their expressed physical and psychosocial concerns, giving continuing emotional support and empathy. Doctors should not make the situation worse, by stressing the fact that there is no serious underlying disease, or implying the fact that the patient is putting on or imagining their symptoms.

We always have to have an open ear to new symptoms and review the diagnosis, as 10% of symptoms thought initially to be MUS turn out to be an organic disease, or implying the fact that the patient is putting on or imagining their symptoms.

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**REFERENCES**
