

Educating doctors and medical students is paramount in addressing their anxiety, frustration, and self-perceived lack of competency in MUS. Further research will show us the best way to acquire the clinical receptivity and practical skills to care better for our MUS patients in the future.<sup>3</sup>

Bernard Klemenz,  
GP Principal, University Surgery,  
Portsmouth.  
Email: [bernard@doctors.org.uk](mailto:bernard@doctors.org.uk)

## REFERENCES

1. Stone J, Wojcik W, Durrance D, *et al*. What should we say to patients with symptoms unexplained by disease? The 'number needed to offend'. *BMJ* 2002; **325(7378)**: 1449–1450.
2. Burton C, ed. *ABC of medically unexplained symptoms*. Chichester: John Wiley & Sons Ltd, 2013.
3. Friedberg F, Sohl SJ, Halperin PJ. Teaching medical students about medically unexplained illnesses: a preliminary study. *Med Teach* 2008; **30(6)**: 618–621.

DOI: <https://doi.org/10.3399/bjgp19X704237>

## Who should pay for reviewing the ECGs from the Apple Watch 4 series?

The UK National Screening Committee has not recommended systematic population screening for atrial fibrillation. But, for those who can afford it, access to ECG screening for atrial fibrillation has already become a reality with the ECG app on the Apple Watch 4 series.

As a GP trainee, I have already seen two patients presenting with Apple Watch ECG tracings. But with no national screening programme in place, who should be responsible for the cost of reviewing these ECGs? And with ever increasing access to affordable home monitoring devices for blood sugar, fetal Dopplers, and private health checks, it seems likely that GPs will be managing an increasing volume of consultations related to false-positives generated by the private sector. Do we need to develop a system for managing the cost of the false-positives generated from private sector work as well as managing

consumers' expectations of the benefits of unvalidated screening?

Perhaps as a bare minimum we need to develop an understanding of the burden of cost that the increasing level of private and home screening is putting on primary care, as well as how much value it may be adding.

Rani Robson,  
GPST3, Malmesbury Medical Practice,  
Severn Deanery Central Leadership  
Scholar.  
Email: [rani.robson1@nhs.net](mailto:rani.robson1@nhs.net)

DOI: <https://doi.org/10.3399/bjgp19X704249>

## Checking our medical privilege

Euan Lawson has introduced a new concept to me: *'We all live in filter bubbles.'*<sup>1</sup> This was apparently first suggested by Eli Pariser in 2011. It is probably something that we may have thought of, but never given a name. We are the product of our experiences and view life from a personal perspective. Filter bubbles take this a bit further and it would seem we are driven deeper into our own bubbles by social media algorithms that protect us from dissenting opinions and come up with suggestions for what we like or crave. Our views become polarised and limited. The challenge is how to keep an open mind and be amenable to change or considering other people's views and opinions. I do find stances that leave no room for manoeuvre or even u-turns short-sighted and doomed to failure. The more you find out about something or someone, the more likely it is not black and white. The key skill to have is curiosity.

Russell Ellwood,  
GP, NHS.  
Email: [rellwood@nhs.net](mailto:rellwood@nhs.net)

## REFERENCE

1. Lawson E. Debrief: Checking our medical privilege. *Br J Gen Pract* 2019; DOI: <https://doi.org/10.3399/bjgp19X703829>.

DOI: <https://doi.org/10.3399/bjgp19X704261>

## How do you justify GMC fees?

GP numbers are in decline. I am a GPST3 Educational Scholar approaching the end of my speciality training. I have to pay £430 to the GMC for CCT in addition to the annual £150 for a licence. Spending £399 to be a member of the College and £1775 for the privilege of sitting the MRCGP equates to £2754 out of my salary for completion of the year.

We know how the College spends its income from fees etc., but can someone in the GMC who may be reading this explain why £430 is needed to complete this process at a time when the government should be trying to recruit, retain, and encourage us to get onto the register?

Ed Schwarz,  
GPST3 Educational Scholar, Peninsula  
Deanery.  
Email: [edward.schwarz@nhs.net](mailto:edward.schwarz@nhs.net)

DOI: <https://doi.org/10.3399/bjgp19X704273>

## Correction

In the Editorial by Chew-Graham CA *et al*, Medically unexplained symptoms: continuing challenges for primary care. *Br J Gen Pract* 2017; DOI: <https://doi.org/10.3399/bjgp17X689473>, the second paragraph stated: *'The annual NHS cost for MUS in adults of working age in England was estimated to be £2.89 billion in 2008/2009 (11% of total NHS spend).'* This should have stated: *'The annual NHS cost for MUS in adults of working age in England was estimated to be £2.89 billion in 2008/2009 (approximately 10% of total NHS expenditure on these services for the working age population).'* The online version has been corrected.

DOI: <https://doi.org/10.3399/bjgp19X704285>