Yonder

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

Dementia diagnosis, false-positive screening results, haemorrhoids, and the sexual harassment of doctors

Dementia diagnosis. In recent years, there has been much political focus on dementia in the UK, and several government initiatives that have particularly targeted early diagnosis. In a recent UK study, GPs were asked about their experiences of diagnosing dementia.[1] Four major themes were identified: organisational factors, clinician-related factors, patient-related factors, and societal influences. Important barriers that the authors highlighted as worthy of further investigation included the limitations of diagnostic tools, the lack of cultural applicability of these tools, and the prioritisation of severe over mildly symptomatic patients by dementia services. Importantly, the GPs involved in this study felt that, although the implementation of recent policies and strategies about dementia care raised general awareness of dementia, they had little impact on their own clinical practice.

False-positive screening results. For the last 5 years, I have had the great privilege of being a member of the RCGP overdiagnosis group. A topic that often emerges in the group's discussion is screening, and specifically the oft-ignored potential for unintended harms. In Denmark, like in the UK, they have a colorectal screening programme using faecal immunochemical testing. In a recent study, Danish researchers investigated the consequences of receiving false-positive screening results from this programme.[2] They found that receiving false-positive results can lead to negative psychosocial consequences such as changes in self-perception and anxiety. Although some individuals may receive subsequent relief, others do not, and the psychological impact can be long-lasting. The authors suggest these (healthy) individuals may make significant use of GP services for reassurance or further tests, and call for research to help understand the true cost of this particular form of overdiagnosis.

Haemorrhoids. Although all disease areas are important, some seem to be more important than others when it comes to research funding and coverage. Primary care research is now well established in the UK and globally, but still seems to lean towards the more glamorous and politically important disease areas. It always pleases me, therefore, to see research on unglamorous and apparently mundane diseases that are so significant to frontline clinicians, like haemorrhoids, which was the topic of a recent Dutch study.[3] Their sample of patients, aged between 35 and 78, reported pain and bleeding as the most frequently occurring symptoms. The participants also reported that these symptoms were directly associated with emotional burden, daily adjustments, and social impact. Before diagnosis with haemorrhoidal disease, blood loss resulted in feelings of fear, as well as embarrassment during social activities. In daily life, the presence of haemorrhoids caused the participants to have to get up early, and use sanitary pads for blood loss and anal ice sticks for pain.

Sexual harassment of doctors. A number of factors make medicine highly prone to sexual harassment, including the immersive nature of training, the anti-social working hours, the reliance on mentoring systems for career advancement, and the structured breakdowns in barriers to intimacy in order for examination of patients to be normalised and socially permissible. Given that doctors who have been sexually harassed or assaulted by other doctors remain a largely invisible population, an Australian research team recently investigated this important area by completing in-depth interviews and analysing legal reports and victim impact statements.[4] They highlighted that the meaning and impact of sexual abuse for the doctors followed a trajectory with discrete phases: prelude, assault, limbo, exposure, and aftermath. Discounting the event and its impacts, and returning to the workplace were characterised as 'being professional'. Among a number of noteworthy recommendations, the authors suggest that survivors need restorative justice: a mechanism to reintegrate them into the professional institutions that have deeply betrayed their trust.

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