



“Such technology is not a leveller for social injustice but can help patients initiate small lifestyle changes and provide some hope, and possibly some inspiration, in a world that can sometimes seem hopeless.”

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Why I prescribe podcasts to my patients

During my revision for the Clinical Skills Assessment (CSA) part of the MRCGP examination, I finished many simulated consultations by referring paper leaflets for patients to collect at reception. Such leaflets corroborate information given within the consultation and provide supplementary information about a condition or medication in primary care. In my current practice, I print out leaflets on clinical conditions and on medications but wonder whether patients actually read them, how much they retain, and whether leaflets directly change health behaviour. A systematic review of literature reviews¹ suggested that leaflets do improve patient knowledge and medication adherence. However, within many countries health literacy is often low, especially in low socioeconomic groups whose health needs may very well be high.²

In addition, I have found that not all patients enjoy reading, especially when there are so many different media sources available on the internet and elsewhere. Many patients have cited sources of health information including social media platforms such as Facebook and Instagram, as well as YouTube videos, which all have varying levels of accurate health information, with some being ill-informed and potentially dangerous. Furthermore, we know that people prefer to learn in different ways: visual, aural, reading, and through experience.³

Giving written leaflets to all patients may not be ideal for those patients who primarily learn aurally or have low levels of literacy.

One way that I have provided information that a 10-minute consultation simply cannot cover in general practice is to recommend podcasts. For the uninitiated, users can enjoy these audio and sometimes video files at their own convenience, which involve dialogue on a topic of interest. For my older patients who do use the internet, I use the term ‘recorded radio programmes’. Podcasts have been used to educate healthcare professionals, students, and patients alike. Furthermore, podcasts can help patients lose weight in small trial settings.⁴ The passivity of listening

means that they can occupy time during mundane tasks such as household chores and the commute to work. In particular, I regularly recommend healthcare podcasts to patients, which host leading experts talking about lifestyle choices⁵ such as improving sleep quantity and quality, or intermittent fasting to lose weight, as well as stories from ordinary people sharing struggles they have encountered in their lives, and how they overcame obstacles (<https://lewishowes.com/blog/>).

The former category often comprises low-cost, low-risk, and high-impact interventions such as not drinking coffee after midday and no screen time 1 hour before bed to improve sleep quality. The latter category of podcasts lets my patients know that they are not alone in a digitally connected but physically isolated world. The determinants of patient health impact health outside the time spent in the consulting room, and podcasts allow patients to extend the conversation of health into personal time. Such technology is not a leveller for social injustice but can help patients initiate small lifestyle changes and provide some hope, and possibly some inspiration, in a world that can sometimes seem hopeless.

Despite the free nature of transmission of audio information on the internet, there is no quality assurance or control on the quality of the podcasts. Thus, the onus is on health practitioners to direct patients to resources they can vouch for, having listened to them in their entirety. This is no different however to any of the internet resources that practitioners recommend to their patients. The podcasts are a territory that GPs should explore, along with other multimedia, such as videos produced by Asthma UK showing correct inhaler technique,⁶ which some patients have already embraced without our direction.

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