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

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Domestic violence, norovirus, palliative care referrals, and quarantine adherence

Domestic violence. The United Nations Secretary-General António Guterres recently warned of a 'horrifying global surge' in domestic violence and abuse (DVA) during the pandemic lockdown period and urged governments to step up efforts to prevent violence against women.¹ Worldwide, there have been increased contacts to DVA agencies, and with healthcare workers and police overwhelmed and understaffed, the concerns from DVA activists have been especially grave. Here in the UK, a recent ethnographic study examined the work involved in restructuring the relationship between primary care and specialist DVA support services in two areas.² The authors paid particular attention to the boundary-spanning role played by DVA advocates in building the referral pathway and encouraging others to participate in it. Having an ongoing peripheral presence in general practice, they conclude, enables them to engage informally in this important work.

Norovirus. Will the world fundamentally change its understanding of, and approach to, infections after the unprecedented impact of the 2020 coronavirus pandemic? Will human behaviours such as handwashing change for good, bringing collateral benefits for other infectious diseases? Norovirus, for example, is a perennial pathogenic challenge in health and care settings, and a leading cause of acute gastroenteritis. Candidate vaccines are in clinical trials but disease estimates are limited by low rates of stool testing. A US study recently studied physicians' stool testing practices, as well as their knowledge of norovirus.³ They found that primary care physicians had few concerns regarding future norovirus vaccine introduction. However, they did find that only 15% of patients with acute gastroenteritis had stool tests and that testing was largely focused on bacterial and parasite tests, and among high-risk patients. Traditional surveillance methods, the authors conclude, will therefore largely underestimate the burden of viral disease.

Palliative care referrals. The recent rise in death rate associated with the pandemic has

led to a new public dialogue about dying, although sadly this has not always proved to be very functional, probably at least partly due to media misrepresentations. Certainly, there have been many tragically 'bad' deaths, which may cause significant and long-lasting psychological trauma for bereaved relatives. In a recent Canadian study, a survey was used to compare the characteristics of physicians providing primary and specialised palliative care.⁴ Of the 531 physician participants, specialists were more likely to work in urban areas, academic centres, on teams, and to provide mainly cancer care. Despite strongly favouring the concept, both specialists and primary providers lack resources to deliver early palliative care. Primary providers were more likely to agree that renaming the specialty 'supportive care' would increase patient comfort with early palliative care referral.

Quarantine adherence. It started with racism and hostility towards people from East Asia, moved on to stockpiling and price inflation, and then saw blatant disregard for governmental social distancing and travel guidelines. Despite all the hero worship of 'essential workers' and the many acts of neighbourliness by citizens, the 2020 COVID-19 pandemic has demonstrated all aspects of humanity, and particularly, the individualistic framework that modern societies are based on. A recent rapid evidence review from King's College London found 14 papers about adherence with quarantine, with rates ranging from as little as 0% up to 92.8%.⁵ The authors suggest that in order to improve this, public health officials should provide a timely, clear rationale for quarantine; emphasise social norms to encourage this altruistic behaviour; increase the perceived benefit that engaging in quarantine will have on public health; and ensure that sufficient supplies of food, medication, and other essentials are provided.

Podcast of the month: Like him or loathe him, Nick Robinson is a master interviewer, and his weekly *Political Thinking* podcast is high on my list of essential listening.

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