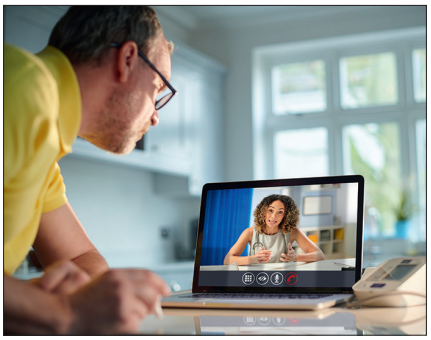
Gut feeling is changing in the post-coronavirus world

Research has shown gut feeling is important for GPs' diagnosis of cancer in a primary care setting.[1] Despite its importance, gut feeling assumes traditional consultation set-ups with streams of patients in crowded waiting rooms waiting to see a doctor every 10 minutes. Since the coronavirus pandemic the safest option for both patients and staff is seeing patients who do need to be seen in person with appropriate personal protective equipment (PPE). The changing role of gut feeling has implications for clinical, research, and educational primary care environments for the future.

GUT FEELINGS EXPERIENCED REMOTELY

Within general practice, telephone triage has existed for years but perhaps has been utilised at higher levels during the pandemic.[2] Gut feeling is summed up as verbal and non-verbal cues in the context of GP knowledge and experience that could be categorised as unconscious type 1 or 'fast' processing. Face-to-face consultations are utilised when it is absolutely needed, and it may be difficult to judge facial cues behind masks. However, on the telephone we rely on verbal cues alone, on words, tone, and pitch used. Perhaps the research from gut feeling could be used when using video consultations, and perhaps introduce new elements into a consultation. A small minority of video consultations are hindered by technology. However, this modality gives a new aspect to a telephone consultation, that is, giving the ability to judge non-verbal cues safely. Despite this, it could be argued that video consultations and e-consultations reinforce the inverse care law in a two-tiered tech-literate and tech-illiterate society.[3] We are particularly worried about the patients who no longer feel that it is safe to consult their family doctor. This can result in delayed presentations and potentially contribute to the excess mortality rates for non-coronavirus causes seen during the pandemic.[4] When it comes to research, there is a change to how gut feeling manifests in clinical practice. There are established research centres both in the UK



and Europe examining this topic in regards to face-to-face consultations and gut feeling, which will now have new areas of focus[5] (https://www.gutfeelings.eu). These include understanding how gut feelings manifest on the telephone alone, facilitators and barriers during video consultations, as well as detection of non-verbal cues with face-mask wearing in face-to-face consultations. Perhaps a novel area for investigation would be the way that gut feeling can manifest using the nuance of language and expression on written e-consultations and their subsequent interpretation by a clinician.

DETECTING SERIOUS DISEASE

Finally, gut feeling and detection of serious disease is mainly gained through experience, which is why our concern must turn towards future generations of doctors. Before the pandemic, GP trainees felt there was insufficient training for telephone consultations.[6] While consultation modalities change, telephone consulting training should be fully integrated into in-hours GP rotations rather than be left to out-of-hours training. MRCGP curriculum and assessment changes must occur to assess other consultation modalities, such as audio consultation observation tools (COTs).[7] It is only when sufficient competency and experience is reached in different consultation modalities that our trainees will be more able to detect serious disease using gut feeling.

As we move into a post-coronavirus world, general practice and medicine will no longer be the same, with great opportunity for positive change in health care. Gut feeling is changing in clinical practice, research, and education, hopefully without detriment to our patients.

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