Life & Times

Yonder



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

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Condoms in prisons, childhood obesity. healthcare disinvestment, and long-haul truck drivers

Condoms in prisons. Very few countries around the world provide prisoners with condoms, despite this being an effective intervention to control sexually transmitted infections including HIV and viral hepatitis in prisons. A recent study explored this with public health and prison health experts from eight European countries.1 The participants discussed a set of factors that need to be taken into account in designing and conducting an effective prison-based condom programme. These factors include highlighting the necessity of condom provision in prisons, engagement of internal and external beneficiaries in all stages of designing and implementing the programme, conducting a pilot phase, and the use of vending machines as the best method of condom distribution in prisons. The authors suggest that condom provision programmes are not only part of prisoners' rights to health care, but are also a move towards achieving the United Nations 2030 sustainable development goal of 'leaving no one behind'.2

Childhood obesity. Obesity is a complex issue and a major threat to children's health and wellbeing. A UK research team recently completed a systematic review of evidence relating to health professional's views and experiences of discussing weight with children and their families.3 They describe five themes across 26 included studies: sensitivity of the issue; family-professional relationships; whole systems approach; professional competency; and sociocultural context. Recognising the complexity of child weight management, the authors outline a long list of practical recommendations for both clinicians and policymakers, including some 'low hanging fruit' options and some more ambitious suggestions.

Healthcare disinvestment. As healthcare costs continue to rise rapidly around the world, there is a pressing need to consider disinvestment in those healthcare practices that demonstrate little or no

evidence for their effectiveness or costeffectiveness. An Australian research team recently completed a systematic review of studies examining the responses of healthcare staff to disinvestment.4 Twelve studies were identified and all found that the disinvestment process was challenging and controversial for those healthcare staff involved. Negative staff reactions to disinvestment identified were anxiety, disempowerment, distrust, and feelings of being dismissed and disrespected. Engagement with disinvestment was observed when staff were invited to participate in a process they considered transparent and in the best interests of the community. The researchers suggest that policymakers should use clinical champions to lead change, using rigorous patient outcome data, and transparent decision-making processes.

Long-haul truck drivers. When completing medical examination reports for HGV and taxi drivers' license applications, I often find myself providing opportunistic care and reflecting on the many occupational health hazards associated with driving professions. A recent Canadian study explored the health and healthcare experiences of long-haul truck drivers recruited at a truck stop on a major transport corridor between Canada and the US.5 The study noted themes of perseverance, isolation, dehumanisation, and working in a 'hidden world' as major influences on the health experiences of these drivers. The research team concluded that continuous exposure to a stressful work environment and inadequate access to primary care likely negatively affect the health of long-haul truck drivers.

Podcast of the month. Stephen Sackur is a master interviewer and his HARDtalk podcast from the BBC World Service is often enthralling: https://www.bbc.co.uk/ programmes/p004t1s0.

Ahmed Rashid.

GP and Clinical Associate Professor, UCL Medical School, UCL, London.

Email: ahmed.rashid@ucl.ac.uk @Dr A Rashid

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