Sexual health in cardiac patients, vaccine hesitancy, colorectal cancer, and second victims

Sexual health in cardiac patients. Despite the widespread recognition that people with cardiovascular diseases (CVD) are more likely to experience sexual problems due to a variety of pathophysiological, psychological, and iatrogenic causes, sexual health needs of cardiac patients are often unmet. A recent Australian study sought to find out why this is so, interviewing people with CVD aged between 30 and 77 years. Although participants expected and welcomed information in relation to their illness and sexual health, this was rarely received. Subsequently, when some participants experienced sexual ‘adversity’, they felt anxious and distressed, which affected their intimate relationships. The authors conclude that sexual health conversations should be a routine part of all CVD consultations.

Vaccine hesitancy. Vaccine hesitancy is a perennial hot topic in global health circles, but perhaps never has it been so widely debated and analysed as in the past year. Although it is easy to assume that those refusing vaccines hold deep, negative beliefs, while acceptors hold strong, positive beliefs, the reality is not so binary and rather on a continuum. A recent study in Bradford found that vaccine hesitancy could be attributed to three prominent factors: safety concerns, negative stories, and personal knowledge. The more confused, distressed, and mistrusting participants felt about their social worlds during the pandemic, the less positive they were about a vaccine. The article concludes that health, social, and community workers should be provided with a regularly updated summary of locally circulating misinformation with helpful resources to help them counter concerns and provide informed reassurance.

Colorectal cancer. Worldwide, colorectal cancer (CRC) is the third most common cancer. The number of patients living after a diagnosis of CRC is expected to increase in the next two decades because of earlier detection and more aggressive treatments. A Canadian research team recently interviewed patients who had completed treatment for CRC to explore the experience of managing one’s health. Participants described the ambiguity of health, their need to accept the new normal, losing control and taking back control, experiencing positive and negative life changes, and the need to continually reframe their perspectives to focus on the positives. The researchers suggest that providing patient-centred care to survivors of CRC involves a recognition of their changing and sometimes conflicting experiences, and acknowledging that patients’ supportive care needs may not fit with a particular survivorship trajectory.

Second victims. The term ‘second victim’ was coined to refer to professionals who go through personal strife and psychological stress caused by their involvement in adverse events, including doubts about their professional capabilities. A recent Spanish study examined this in physicians and nurses from hospitals and primary care facilities. There was consensus that second victims require support from colleagues and management but often times perceive rejection and experience repetitive thoughts, fear, and loneliness. Colleagues of second victims typically react with surprise and avoid getting involved. Information channels were sometimes informal, such as conversations in hallways and cafeterias, which encouraged incidents to be hidden, and prevented teams learning from experiences and improving their culture of safety. At other times though, formal information channels were used, favouring the implementation of improvement and mitigating rumours and misinformation. Needless to say, a more transparent and formal communication approach is strongly advocated by the authors.

REFERENCES