Sexual health in diabetes, contraceptive empowerment, legal support for homeless people, and good Chinese doctors

Sexual health in diabetes. We know that patients with diabetes value conversations about sexual health but know much less about diabetes specialist nurses’ experiences of having such conversations. A recent Swedish study set interviewed a sample of them working across primary and secondary care.1 It found that diabetes specialist nurses feel they need more knowledge about sexual health, particularly to equip them in conversations with women and older people, and also to support them to develop a patient-centred approach. As well as further technical knowledge, the nurses also felt they would benefit from communication skills training to help them improve how they initiate and sensitively manage such conversations. The authors argue that sexual health training should be an important area of CPD for this professional group.

Contraceptive empowerment. Although the combined oral contraceptive pill (COCP) has been the dominant contraceptive method of the last half-century in the Western world, its use has been falling in the last decade. A recent Danish-German study sought to uncover why young women’s choices regarding contraceptive technology are changing.2 They found that social media consolidates the social construction of hazards associated with the COCP by reshaping young women’s risk perception from questions around drug reliability and safety, to those of individual physical, mental, and social wellbeing. Also, social media has helped to delegitimise healthcare professionals, adding to wider healthcare training and services to maximise reliability and safety, to those of individual physical, mental, and social wellbeing. Also, social media has helped to delegitimise healthcare professionals, adding to wider healthcare training and services to maximise

Legal support for homeless people. The health of homeless people in the UK and other settings is often bound up with legal problems but there is a lack of evidence for interventions or policies that could address their linked legal and health needs. A recent London study by the charity Groundswell evaluated their pilot intervention that provided legal support to peer advocates and clients currently homeless in addition to their health-focused work.3 They uncovered three core themes. First, Groundswell peer advocates and clients feel overwhelmed by complexity, grounded in the multifaceted nature of legal systems. Second, support to peer advocates helped to broker legal support, enabled through a particular organisational culture. Third, support to clients can be effective, although the complexity of legal need undermines potential for a sustainable response. The authors conclude that, while Groundswell’s legal support service has helped, cross-sector debate is still needed about how best to provide legal support to this vulnerable population.

Good Chinese doctors. Although many countries have ambitions to expand primary healthcare training and services to maximise healthcare coverage and efficiency, few countries have more ambitious and radical plans than China. In order to further guide these reform efforts, a recent Chinese study generated a profile of the ‘good doctor’ in primary care from the patient perspective.4 They identified five domains: Clinical Competency, Professionalism & Humanism, Service Provision, Information Communication, and Personal Characteristics. The authors suggest these domains should be used to guide ongoing family medicine education reform. In particular, they suggest it would be valuable to construct a national family physician competency framework to guide both undergraduate and postgraduate training in primary care.


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