



Oxford

helen.salisbury@phc.ox.ac.uk Follow

Helen on Twitter: @HelenRSalisbury

Cite this as: *BMJ* 2020;370:m2821<http://dx.doi.org/10.1136/bmj.m2821>

Published: 14 July 2020

PRIMARY COLOUR

Whose side are you on?

Helen Salisbury *GP*

Every week in our clinical meeting we discuss any complaints or compliments received at the practice and consider what we could do better. There is often a mismatch between our own perceptions of what went well and those of patients; sometimes the most effusive praise and angriest complaints are equally surprising, arising from what seem to be unremarkable encounters or events.

GPs are not the official channel for complaints about hospital treatment, but nevertheless in our consulting rooms we also hear many reactions to care received elsewhere, ranging from delight and gratitude to grief and anger. When I listen to accounts of consultations that went badly I try to support my patient while being conscious that I am only hearing one side of the story. To be fair to my hospital colleagues, I must remember that there may be relevant facts I don't know, and sometimes what a patient hears is not exactly what was said. I am not questioning my patients' distress or veracity but should be slow to judge others' actions.

My own expertise, or lack of it, also comes into the mix. My consultant colleagues are likely to be much better informed about risks and research in their field and much more able to judge the safety and effectiveness of techniques and devices they use. In turn, they rely on the work of regulators whose job it is to make sure medicines and devices are safe, adequately tested, and fit for purpose.¹ In the case of vaginal mesh, despite alarm bells being rung in 2008 by the US Food and Drug Administration, it took 10 years before guidance was issued in the UK to limit its use. Some of this delay is likely to have resulted from conflicts of interest.^{2 3}

The Cumberlege report on avoidable harms caused by pelvic mesh implants, hormone pregnancy tests, and sodium valproate in pregnancy was published last week. It described a healthcare system that is "disjointed, siloed, unresponsive and defensive," a system that failed to listen to patients' concerns.⁴ One of the report's recommendations to reduce the risk of similar harms in the future is that the GMC publish a list of every clinician's financial and non-pecuniary interests. This seems entirely sensible, and I hope to see it enacted soon.

Reading the report makes me think again about how I respond to patients who are not satisfied with their hospital care. Have I got the balance right between professional solidarity and being an advocate for my patients? When the specialist's view is that there is nothing more that can be done, how ready should I be to refer for a second opinion? I need to weigh up my responsibility to steward scarce resources with

the patient's need for answers and the best possible care.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Heneghan C, Aronson JK, Goldacre B, Mahtani KR, Plüddemann A, Onakpoya I. Transvaginal mesh failure: lessons for regulation of implantable devices. *BMJ* 2017;359:j5515. doi: 10.1136/bmj.j5515 pmid: 29217786
- 2 Christie B. Scottish mesh review had serious failings. *BMJ* 2018;363:k4562. doi: 10.1136/bmj.k4562 pmid: 30373749
- 3 An investigative review into the process of establishing, managing and supporting independent reviews in Scotland. Oct 2018. <https://www.gov.scot/publications/investigative-review-process-establishing-managing-supporting-independent-reviews-scotland>.
- 4 Cumberlege J. First do no harm: the report of the Independent Medicines and Medical Devices Safety Review. Jul 2020. <https://www.immdsreview.org.uk/Report.html>