

Patient-centredness		Managing patients		
<i>G Freeman, J Car and A Hill</i>	868	<i>C Williams</i>	870	All letters are subject to editing and may be shortened. Letters should be sent to the <i>BJGP</i> office by e-mail in the first instance, addressed to <a href="mailto:journal@rcgp.org.uk">journal@rcgp.org.uk</a> (please include your postal address). Alternatively, they may be sent by post (please use double spacing and, if possible, include a MS Word or plain text version on an IBM PC-formatted disk). We regret that we cannot notify authors regarding publication.
Response to 'A seemingly ineffective study on menopausal memory problems'		Saving money on hernia repairs?		
<i>P Slade, G Butler and N Ford</i>	868	<i>J B Tisdale</i>	870	
Infrared ear thermometry		The sessional phenomenon		
<i>D K Ng, C-H Chan, P-Y Chow and K-L Kwok</i>	869	<i>T Scanlon</i>	870	
Author's response		Dangerous jobsworth		
<i>A D Hay, T J Peters, A Wilson and T Fahey</i>	869	<i>D B Bullock and J Grimley Evans</i>	870	

### Patient-centredness

Although glad that our editorial<sup>1</sup> gained such a quick response in the *Journal's* Back Pages,<sup>2</sup> we were sorry to find that we had been unable to explain our apparent perversity to Dr Jefferies' satisfaction. To restate our argument:

Patient-centredness has to be our goal. If we fail to understand patients' concerns and perspectives we cannot provide appropriate and effective advice and management, resulting in frustrated doctors as well as unsatisfied patients.

More evidence of better outcomes from patient-centred practice has just appeared.<sup>3,4</sup> Policy makers have at last taken up the idea that to focus on patients' concerns may provide better health care, but they necessarily deal with broad issues. It is up to us to work out the implementation details; for this we need better research methodology and training. Patient-centredness is hard to measure, so it is difficult to train and reward doctors for good practice. We welcome recent attempts to study it.

We were very surprised that McLean and Armstrong<sup>5</sup> emphasised the cost of their training intervention at the expense of the impressive and significant gain in patient satisfaction. Even so, we agree that it is important to debate the meaning of a cost that is apparently non-significant in statistical terms. Misunderstanding by patients is so common that the videotape suggestion seems valuable.<sup>6</sup> We don't suggest that these interventions<sup>5,6</sup> be widely implemented on the evidence presented, but they are worth considering as we try to improve clinical practice.

It is important that we still debate the issues of what patient-centredness really means and how we can get better at it. If it could be measured then good practice could be rewarded

appropriately. This might even bring added resources to general practice, bearing in mind the current policy context of the NHS.

GEORGE FREEMAN

Professor Emeritus of General Practice, Department of Primary Care and Social Medicine, Imperial College, London.  
E-mail: [g.freeman@imperial.ac.uk](mailto:g.freeman@imperial.ac.uk)

JOSIP CAR

PhD Student, Imperial College, London.

ALISON HILL

General Practitioner, Kilburn Park Medical Centre, London.

### References

- Freeman G, Car J, Hill A. The journey towards patient-centredness. *Br J Gen Pract* 2004; **54**: 651-652.
- Jefferies D. On Bandwagons and contracts. *Br J Gen Pract* 2004; **54**: 793.
- Ogden J, Bavalia K, Bull M, *et al.* 'I want more time with my doctor': a quantitative study of time and the consultation. *Fam Pract* 2004; **21**(5): 479-483.
- Altiner A, Knauf A, Moebes J, *et al.* Acute cough: a qualitative analysis of how GPs manage the consultation when patients explicitly or implicitly expect antibiotic prescriptions. *Fam Pract* 2004; **21**(5): 500-506.
- McLean M, Armstrong D. Eliciting patients' concerns: a randomised controlled trial of different approaches by the doctor. *Br J Gen Pract* 2004; **54**: 663-666.
- Liddell C, Rae G, Brown TRM, *et al.* Giving patients an audiotape of their GP consultation: a randomised controlled trial. *Br J Gen Pract* 2004; **54**: 667-672.

### Response to 'A seemingly ineffective study on menopausal memory problems'

Your correspondents<sup>1</sup> raise some interesting issues and ask for more clarity about the sample. In terms of the population, the practice involved in the study has a list of 9000 patients with the age distribution the same as the national

average and a full mix of socioeconomic groups with emphasis on 3 and 4. The selection of women was by random number generation, with a specific number being randomly selected from each age band.

The response rate at 50% of those eligible is in keeping with what is typically found from surveys and, indeed, on the more positive side. We would obviously agree that greater participation is desirable, but many bodies of literature are now dependent on such samples. The original sample size as in all studies was calculated to take account of non-responders. In fact we assumed that 40% would not return and also took account of the fact that further women would require exclusion because of the criteria. The requirement for acceptable power was for 39 per group and although some groups are slightly lower than desirable, it is the patterning that is of particular interest.

It is clear from the means and standard deviations that the distributions of the groups are closely matched; certainly there is no indication of difference suggestive of deficit linked with the menopause. This is clearly stated towards the end of the paper: 'In terms of power, while it could be argued that a larger sample may have detected significant differences, the means reported in the descriptive data are very similar (the majority being <1) and where differences are suggested by the data these are not in the predicted direction'. A key issue here is that it's crucial that results that question received wisdom or the status quo in not finding differences as expected should be published. We are all well aware of typical publication bias toward positive results and how this may distort perspectives.

Finally, although your correspondents quip 'that women with the real memory problems simply forgot to