Pelvic examination for detecting ovarian cancer

I was very disappointed to read Gill Wality’s website review in the last issue of the Journal.1 Have we finally abandoned clinical common sense on the altar of guidelines and evidence-based medicine? Nobody with any sense would advise a pelvic examination as a means of detection of ovarian cancer. The main reason for performing a bimanual examination prior to taking a smear is to enable that examination to be easier and more comfortable for the patient. It enables the smear taker to choose the correct speculum (extra long, virginal, etc.) and hopefully to locate the cervix at the first attempt. How else would one know that the uterus was sharply retroverted and the cervix does not identify reliably, at an early stage, conditions that can be treated to prevent progression. It may do harm by identifying conditions that are not significant and expose the patient to unnecessary further investigations. It may do harm by giving false reassurance of normality. As a preliminary investigation of a patient with symptoms, it is not accurate enough to preclude further investigation of symptoms other than ultrasonic or laparoscopic.2

A large number of questions and answers now appear in the women’s health section of this NELM service,3,4 many of which health professionals find both instructive and useful, as they are based on real clinical problems. Gill Wality, MD, MFPP Visiting Professor in Primary Care Development, Staffordshire University and Freelance GP, Writer and Lecturer, Abergavenny, UK. E-mail: Gillwallo@iol.com

References

Copying clinic letters to patients

I read with interest Anna Glasier’s contribution to Personal View in the April edition of the Journal.1 Whilst not surprised that it had found it difficult to draw precise conclusions from her small project, I should like to add our own findings from a more general patient population to support her impressions.

We conducted an audit into the system for “Copying Letters to Patients”, which had been set up at Barnsley Hospital NHS Foundation Trust in response to the Department of Health Initiative first noted in the NHS Plan.2 Our findings mirrored those of Anna Glasier and were enthusiastic about the initiative but that medical, nursing and administrative staff were much less so.

Eighty-five case notes were reviewed as an unselected sample of patients attending a first outpatient appointment in General Medicine, Orthopaedics, Rheumatology or General Surgery. Confirmation of a wish to receive a copy letter was present in 40 cases and all of these patients were asked to complete a questionnaire on their satisfaction or otherwise after receiving the copy letter. Some 130 clinical and administrative staff were also allowed the opportunity in the questionnaire to comment by means of free text.

Staff were generally critical, regarding the initiative as time consuming, bureaucratic and a duplication of time and effort, potentially leading to increased work from telephone calls from patients who had not understood some of the medical terms used in the letter. Patients were correspondingly enthusiastic, with the majority of the copy letters helping them to understand their condition or illness and what would happen to them next, as well as being a reminder of what was said during their consultation. Only one patient said that they had noticed a factual error in the letter and all remarked that they could understand the medical terminology used.

The outcomes are so similar to Anna Glasier’s findings that I would conclude that the nature of the information being sent to Mr patient has little bearing on their satisfaction at having received it. The highly personal nature detailing a sexual health consultation appears to be no more or less inhibitory to let the request for a copy letter be than a history taken that does not require such intimate detail to be recorded.

Equally striking was the suspicion and uncertainty with which staff approached this issue. Our personal view is that in terms of this initiative staff appear to have a common hesitant approach but that patients appear to be more enthusiastic about the initiative as time consuming, bureaucratic and a duplication of time and effort, potentially leading to increased work from telephone calls from patients who had not understood some of the medical terms used in the letter. Patients were correspondingly enthusiastic, with the majority of the copy letters helping them to understand their condition or illness and what would happen to them next, as well as being a reminder of what was said during their consultation. Only one patient said that they had noticed a factual error in the letter and all remarked that they could understand the medical terminology used.

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