# FEES DIRECTLY RECEIVED FROM OTHER MEDICAL COMPANIES

<table>
<thead>
<tr>
<th>Company</th>
<th>Reason for receipt of fees</th>
<th>Total amount received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freelance writing and broadcasting for BBC, BMJ, lay press, book royalties, and consultancy work for Which? the consumer organisation.</td>
<td>Freelance media work.</td>
<td>£10,000 - £50,000</td>
</tr>
</tbody>
</table>

## OTHER DECLARATIONS

I am a member of MedAct and patron of Healthwatch. I give a small amount of money monthly to Keep our NHS Public. I was nationally elected to the council of the RCGP in 2013. I am an NHS GP partner. My income depends in part on QOF points.
professional, compassionate, evidence based general practice and the ways I fail
where medicine lives

The hinterlands of uncertainty - a gateway to overdiagnosis and overtreatment
professional?

- acting for the patient, not my personal gain
- ethical
- collaborative, personal, thoughtful care
- regulated and knowledgable
compassionate?

• ‘to love together’
• ‘it’s application based on sound judgement’
• the desire to alleviate suffering
• a virtue, a vocation, a life
evidence based?

• fair use of facts

• not prone to bias, conflicted interests, or opaque gains

• without hype, effervessent claims, or discussion of hazards or side effects
currently nearly impossible -
leading to the ‘patient paradox’

too much unnecessary treatment of the well
and not enough resources to the sick
house call

- patient at the end of life
- falls, unsafe to reach commode, emotional distress
- shared decision making
- professional/compassionate/evidence based
- plan: hospice involvement
surgery

• aged 60
• rheumatoid arthritis
• should I go on sulphasalazine?
• letter from secondary care - discuss with your doctor
Number needed to treat (NNT) and number needed to harm (NNH) in RA clinical trials and systematic reviews. *95% CI not calculated for non-significant results. SSZ, sulfasalazine; MTX, methotrexate; CYC, cyclophosphamide; AZA, azathioprine; D-Pen, D-penicillamine; CsA, cyclosporine A; TJC, tender joint count; ACR20, 20% American College of Rheumatology improvement in core set variables; Paulus criteria, the proportion of patients with no joint tenderness and no swelling and no new swollen joints for 24 weeks; Mean change in TJC, mean change in Tender Joint Count.

<table>
<thead>
<tr>
<th>Intervention [reference]</th>
<th>Comparator</th>
<th>Criteria for NNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Etanercept, 24 wks [2]</td>
<td>Placebo</td>
<td>ACR20</td>
</tr>
<tr>
<td>SSZ, 24 wks [34]</td>
<td>Placebo</td>
<td>ACR20</td>
</tr>
<tr>
<td>Leflunomide, 24 wks [14]</td>
<td>Placebo</td>
<td>ACR20</td>
</tr>
<tr>
<td>Leflunomide, 52 wks [32]</td>
<td>Placebo</td>
<td>ACR20</td>
</tr>
<tr>
<td>MTX, 48 wks [32]</td>
<td>Placebo</td>
<td>Mean change TJC</td>
</tr>
<tr>
<td>AZA, 16-24 wks [13]</td>
<td>Placebo</td>
<td>Mean change TJC</td>
</tr>
<tr>
<td>CYC, 36 wks [36]</td>
<td>Placebo</td>
<td>Predefined clinical response</td>
</tr>
<tr>
<td>d-Pen, 500 mg/day, 36 wks [37]</td>
<td>Placebo</td>
<td>Predefined clinical response</td>
</tr>
<tr>
<td>d-Pen, 125 mg/day, 36 wks [37]</td>
<td>Placebo</td>
<td>Predefined clinical response</td>
</tr>
<tr>
<td>d-Pen, ≥1 g/day, 16-36 wks [15]</td>
<td>Placebo</td>
<td>Predefined clinical response</td>
</tr>
<tr>
<td>MTX, 18 wks [33]</td>
<td>Placebo</td>
<td>Mean change TJC</td>
</tr>
<tr>
<td>Injectable gold, 20 wks [29]</td>
<td>Placebo</td>
<td>Paulus criteria</td>
</tr>
<tr>
<td>Antimalarial drug, 36 wks [28]</td>
<td>Placebo</td>
<td>Paulus criteria</td>
</tr>
<tr>
<td>Auranofin, 20 wks [29]</td>
<td>Placebo</td>
<td>Paulus criteria</td>
</tr>
<tr>
<td>Infliximab + MTX, 30 wks [31]</td>
<td>MTX</td>
<td>ACR20</td>
</tr>
<tr>
<td>CsA + MTX, 24 wks [30]</td>
<td>MTX</td>
<td>ACR20</td>
</tr>
<tr>
<td>Pred + MTX + SSZ, 28 wks [35]</td>
<td>SSZ</td>
<td>ACR20</td>
</tr>
</tbody>
</table>
This decision aid is to help people decide what treatment to have if they have been recently diagnosed with rheumatoid arthritis.

The main options for treatment are listed below. These treatments can be combined and changed over time:

- **Single drug treatment** – taking one drug to treat rheumatoid arthritis
- **Multiple drug treatment** – taking several drugs together to treat rheumatoid arthritis. This may help if symptoms are more severe, or if one drug doesn’t work well enough.
- **Supportive therapy and symptomatic treatment** – treatments that don’t treat the disease, but that can help relieve the pain and other symptoms. This may mean taking extra medication, such as painkillers, or looking after
GREAT, but

• no internet access (17%)
• can’t see very well
• literacy (16% ‘functionally illiterate’)
• ‘what would you do, doctor?’
• real problem: ‘I’m scared’
oh, and

• repeat prescription for hypertensive meds, statin, quinine for leg cramps
• can you have a look at this mole
• I haven’t heard from the physiotherapist
FEAR

• what if it’s a melanoma?

• what if we stop her meds and she has a stroke or heart attack?

• will I be blamed? will it be my fault?
phone call

- no beds...possibly
- ‘please not an acute ward’
- need to call and leave another message and fax a form
er..

- can we discuss other medication next time?

FAIL
depression

• 62 year old man with recurrent depression
• fleeting suicidal thoughts
• divorced, heavy drinker, not dependant, isolated, newly unemployed

• URGENT NEEDED FOR CONTRACT smoking, BP, CKD, U+E
plan

• risk of suicide - relatively high
• CBT - maybe - hoops
• what about tablets?
medication

• ineffective for mild/moderate depression
• increased initial risk suicide
• overhyped and overused
how about

• having a look at this SDM tool?
• having a look at livinglifetothefull?
• coming back to see me next week?
• cut down on the drink?
• think about food, sleep, exercise? (except...)
the evidence - fail

- exercise - small/no effect (Cochrane 2013)

- alcohol: 80% alcohol addicted people are ‘depressed’

- evidence that abstinence can reduce depression symptoms

- but study of men presenting with alcohol problems > primary mood problem
the evidence - fail

- original RCTs; 1 hr x 20 weeks CBT
- Guided self help
- PHASE study - mild/moderate with nurse input

The clinical effectiveness of CBT-based guided self-help interventions for anxiety and depressive disorders: a systematic review

Coull G, Morris PG

Summary

Few found inconclusive evidence to suggest that guided self-help based on cognitive-behavioural
the ‘evidence based’ contract

• fail (didn’t give smoking cessation advice)
• fail (didn’t do BP)
• fail (didn’t arrange CKD bloods, U+E, cholesterol)
phone call

• no beds today
• might be a bed tomorrow
• is that okay?
• need to phone patient + family
• what about tonight?
STRESS
ear pain in child

• child looks okay
• high anxiety
• off on holiday
• cousin had meningitis
• unilateral OM
In Summary, for those who took the antibiotics:

**Benefits in NNT**
- None had fewer serious complications
- None had less disease recurrence
- None had less pain after 24 hours
- 1 in 16 were helped (pain reduction after 2-7 days)

**Harms in NNT**
- 1 in 9 were harmed (diarrhea)

Details for this Review


**Efficacy Endpoints:** Serious complications (mastoiditis, meningitis, hearing loss), disease recurrence, pain
yes please. anything that might help

• I’m afraid it gets worse
• I wouldn’t forgive myself if she misses her holiday because of it
• her cousin got meningitis
• and she never gets diarrhoea with antibiotics anyway
professional, compassionate, evidence based

• delayed prescription?
• reassurance
• choice agenda: saying ‘no’?
by the way, can I get a diabetes check?
in 7 people in the UK are at high risk of developing Type 2 diabetes. Check your risk today.

TESCO
National Charity Partners

DIABETES UK
CARE, CONNECT, CAMPAIGN

Take a free, confidential Type 2 diabetes risk assessment at the pharmacy or online at www.diabetes.org.uk/risk

Diagnosed early it's manageable. Left unchecked, Type 2 diabetes can cause devastating complications. If you're over 40 (or have family history), or your waist size is over 37'' male), check your risk today. Go online to any TESCO pharmacy, other pharmacy or visit your GP.
‘Who’s next?’ the doctor said.
‘Come on, it’s our turn,’ Mum said.
‘I want to go home,’ I said.
‘Let’s go home now, Mum,’ I said.

The doctor fell off his chair.
phone call

- can we find a night nurse?
- social work/marie curie/district nurses/social work
- no, we can not find a night nurse
hospital admission

- at risk HAI, falls, disorientation
- a kind geriatrian stepped in and ‘broke the rules’
we can do better

• professional - high quality decision making takes time

• compassionate - stop systematically promoting things that don’t benefit patients and distract professionals from what patients need and want. Whose ‘rules’

• evidence based - we need quick access to relevant information wanted by patients and HCP on the ground

• good enough vs ‘excellence’
institutional help

• anti-guidance; when to drop and stop
• toleration of uncertainties
• even fabulous doctors will still get it wrong
• focus on the patient, not politics
tools for the revolution
thankyou

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