HASLAM'S VIEW



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Would you refer this patient?

A FEW WEEKS AGO, JUST AFTER I HAD GONE TO BED AND WAS PROPPED UP reading a novel, I developed indigestion. After the initial and inevitable paranoid thought: 'Oh my God, it's a heart attack!' I realised that it was indigestion.

Of course it was indigestion. I had been out that evening for yet another spicy Indian meal, and had probably eaten more than was wise.

But what now? I'm the age I am – which is almost certainly older than you, and this was a new onset of indigestion – albeit relatively transient. So should I be consulting my GP, and being subjected to endoscopy? Or is it entirely reasonable to say that this was the gastroenterological equivalent of a grazed knee? After all, I had damaged my gastric lining by unwise consumption and shouldn't expect much else other than the inevitable indigestion.

So, unless my GP is reading this and decides that he should summon me, I intend to do nothing. Stupid or sensible? Only time will tell, but I can be pretty certain that the vast majority of men of my age who get post-curry dyspepsia don't go anywhere near their GP.

The statistics on how risky new indigestion is in a male my age are far from clear. Those patients who do present for investigation are almost certainly a significantly different sub-group from those who have transient symptoms and who don't attend, and about whom we know almost nothing.

It goes without saying that we do, of course, need to know about what to do for the people who present to us, and so the research and the guidance is entirely relevant for this group of patients. How should they be interpreted with relation to a different sub-group, such as the person who probably won't consult a doctor?

What about the patient who mentions it as a genuine 'while I'm here, doctor', something they really wouldn't have mentioned had they not already been consulting their GP for another reason? Deciding what to do in such a situation is an immensely complex skill.

'The exercise of discretion is what the health service pays GPs for'

I remain absolutely committed to the value of guidelines as being the best way of synthesising the evidence and conclusions that we all need to understand and follow. Nevertheless, the exercise of discretion is what the health service pays GPs for. After all, if every single male with ten minutes of indigestion had an upper GI endoscopy then the waiting lists would be so long that there would be little point in having the investigation. So we apply the rules as intelligently as we can, thereby making the system workable, but inevitably we will sometimes get it wrong.

I guess it all depends on the level of risk involved. We have publicised the dangers of rectal bleeding so strongly over the past few years that I expect the vast majority of patients with rectal bleeding now seek medical advice rapidly. We now know that investigation is hugely worthwhile. But can we apply the same rules to a touch of indigestion – an exceedingly common occurrence?

Unless a symptom is as clear cut as the appearance of fresh blood, it is little wonder that people get confused. After all, explaining risk to the public is not something the medical profession is terribly good at. The lay press is so cluttered with stories of almost everything being bad for you that many patients reject all the advice – good as well as bad. Almost daily, some story in the media will promote aspirin or statins as being lifesavers, while another will denigrate them. How does the average person weigh up the truth of these stories? How do we, their GPs, weigh up the importance of their having presented? It's certainly not easy.

Indeed, it's quite enough to give any of us indigestion.

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