

# Uncertainty


- **The ability to deal with uncertainty is an essential requirement for success as a General Practitioner/Family Doctor.**





# Implications

- Patient
  - Doctor
  - Secondary health services (including investigations)
  - Health Care System as a whole
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# Task of EQuIP Group

- Production of a policy document on uncertainty
- Literature Review and Workshop contributions central to this process



# Task One for Workshop

What is your experience of uncertainty in your clinical practice?


# Gradation

Certain

Half/Half

Uncertain






## EQuiP Subgroup

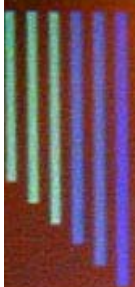


- New or Recurring patients
  - Knowledge (prognosis)
  - Social
  - Personal
  - Cultural Challenges
  - Medicolegal aspects
  - Commuication between primary and secondary care
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# Complex Health Care System

- “The implementation of clinical governance can be seen as a complex adaptive system: as such, we must accept that **uncertainty** and unpredictability are inescapable. This makes life uncomfortable for managers.”
- 17% of excess cost in medical management arises from uncertainty



# Special feature of primary care

- GPs more tolerant than Orthopaedic surgeons
  - Physician response to uncertainty scale
  - Reason for misdiagnosis poor history not lack of technology
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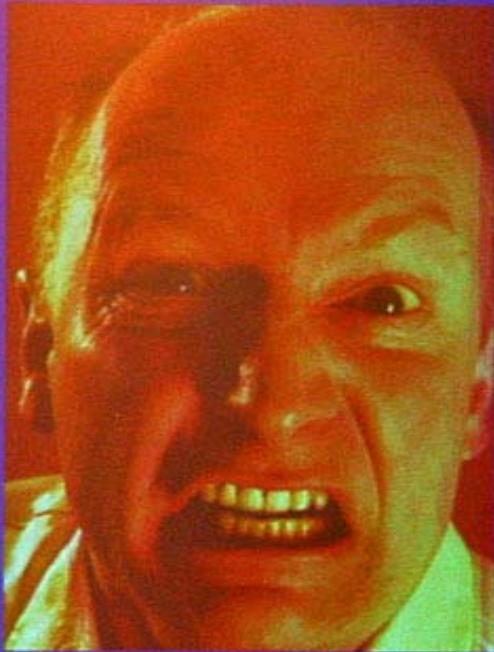
# Special feature of primary health care

- ❑ Decision making in primary care is different from the process undertaken by our hospital colleagues
- ❑ GPs encounter a much broader range of problems often presenting in a very undifferentiated way.
- ❑ The vast majority of symptoms seem to defy a clear cut organic explanation.
- ❑ The patient perspective is also important – doctors and patients often differ in the interpretation of common symptoms

Summerton N. (2004) BJGP ;54:570-571



# Uncertainty



**Qui est le patient ? Qui est le médecin ? Incertitude..?**

# Doctors Feelings

What's going on  
when a General  
Practitioner does  
not grasp the  
situation?

Arborelius E, Bremberg S  
and Timpka T. *Family  
Practice* 1991; 8: 3-9





## GP Role?

- Most patients with unexplained symptoms received somatic interventions from their GPs but had not requested them.
  - GPs may have responded symptomatically either because they mistook patients insistence on engagement as desire for intervention or because they lacked another response to evident suffering.
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# Test ordering

- A qualitative study on understanding laboratory testing when faced with diagnostic uncertainty in a general practice setting.
  - personal routines; tolerance of diagnostic **uncertainty**.
- GPs desire to understand complaints and patient expectations led to test ordering even if not indicated by guidelines

Van der Weijden T, Van Bokhoven M A, Dinant, et al. *British Journal of General Practice* 2002. 52, 974-980.

Van der Weijden T, van Velsen M , et al.. *Medical Decision Making* 2003 ;23:226-231.

# Disease centred versus patient centred doctors

Increased prescribing of symptomatic medication  
Shorter consultation time  
Inadequate patient records  
Poorer standards of care within the consultation



R. et al (1990) Family Practice ;7:100-103

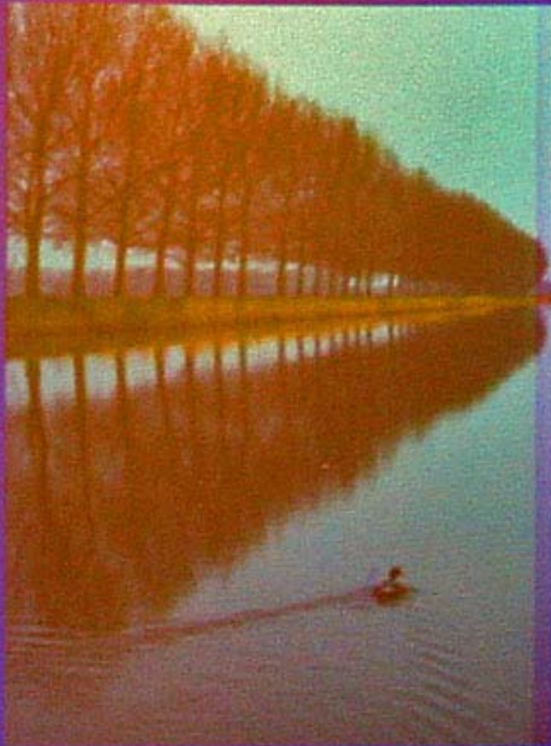
# Risk Taking Behaviour

- Belgian GPs have the highest levels of no risk taking attitudes while the Dutch have the lowest and the British are in between!
- May reflect the doctor – patient relationship and/or systems of medical education.

GroI R (1990) BJGP 40:134-136



# Evidence Base



"The limits of evidence-based medicine and guideline use in clinical practice may be found in the gray zones of **uncertainty** where science meets art "

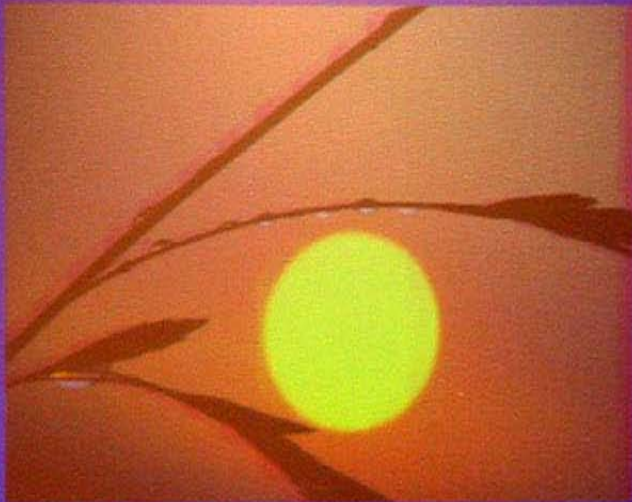
James P. *The Journal of Family Practice* 1999; 48: 669-670.



# Patient Factors

- Co – morbid conditions
- Quality of life
- Financial conditions
- Restricted access to health care

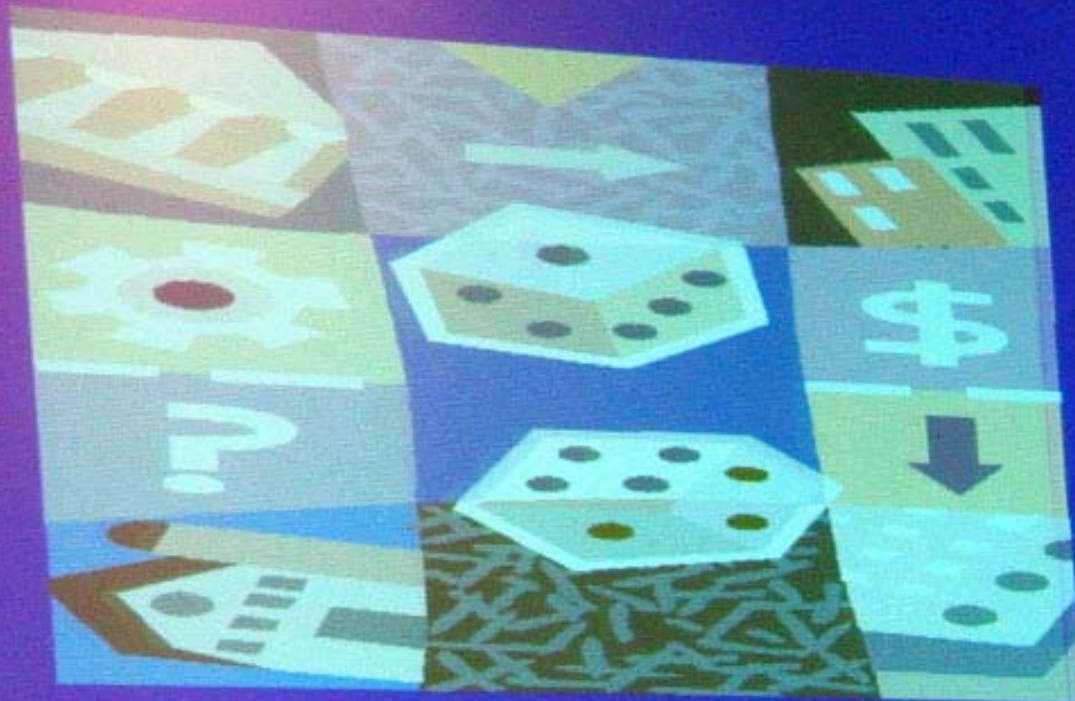
# Patients reactions to Doctors explanations



- Rejection of the reality of their symptoms
- Collusion
- Minority were tangible and patients felt satisfied and empowered

Salmon P Peters S Stanley  
I. BMJ 1999;318:372- 376.

# Patients with Medically Unexplained Symptoms (MUPS)



# GP Role ?

- ❑ GPs felt that patients with MUPS were suffering from emotional or social distress.
- ❑ GPs found these patients frustrating and difficult to cope with as they presented problems of control and authority in the consultation.



Wileman L, May C et al Family Practice  
2001;18: 519- 523.



# TERM Model

- Understanding
  - Physicians expertise and acknowledgement of illness
  - Negotiating a new model of understanding
  - Negotiating further treatment
-



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# Managing uncertainty


- ❑ Shared decision making
- ❑ Meticulous evaluation
- ❑ Exclusion of worrisome diagnosis
- ❑ Establishment of trust with the patient

## Bottom Line

Effective combination of the art and the science of medicine.

(Ghosh J Lab Clin Med August 2004)





# Patient Involvement

- Existing models of the consultation are ill suited to dealing with these patients

**Focus on understanding the consultation from the patients perspective**

**Salmon P. Patient Education and counselling  
2000;39:105-113.**

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# Strategies

- Admission of **uncertainty** by clinicians can undermine patients' confidence and may even reduce the therapeutic effectiveness of individual encounters between clinician and patient. Patients must obviously help define how to deal with these quandaries.
- Strategies for dealing with **uncertainty** need to be considered and debated more explicitly

Chalmers I. *BMJ* 2004; 328:475-76 (Editorial)

# Uncertainty

“ The difference between what we do and what we are capable of doing would suffice to solve most of the world’s problems”



*Gandhi*