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CRITICAL THINKING

Matt Morgan: No news, for patients, is bad news

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Our dog, Chester, recently had to be taken to the vet. We were worried that he was seriously ill, and we waited anxiously at home for the results of his blood tests. Days turned into a week before we called the practice to check whether the results were back. “Oh, don’t worry—no news is good news!” we were told by a cheery receptionist.

I have said this phrase to patients and their families many times. But being on the receiving end made me reflect on how no news in healthcare is not good news at all. Instead, it means continuous uncertainty and worry, tinged with the inability to move on, with no defined endpoint. No news means waiting for the phone to ring, or for that letter to drop through the door.

Over the years we have got much better at breaking bad news—but no better at breaking no news. “No news” also engineers inefficiency into systems, such as follow-up phone calls from patients who are “just checking” and repeat appointments with no data.

This is especially true of the 20% of new consultations in primary care that are classed as medically unexplained symptoms.¹ This is also the conclusion reached at more than half of new secondary care referrals and for a quarter of all frequent attenders at medical clinics.² No news, therefore, is not just an issue of timing: it can also be the final conclusion.

Although it is tempting to deal only with the root cause of delays, a gap between expectation and reality will always remain. A better option would be to provide some certainty to structure the uncertainty. An open system of tracking what stage tests have reached, much like a parcel tracker, could reassure patients that things are on course.

The same applies to the growing surgical waiting lists. Knowing that you are 10th in line on the phone to a call centre is painful, but it’s better than just having to listen to bad music. It allows you to make choices based on some data rather than on nothing at all. Opening up waiting lists to individual patients to help them track their progress may help. And telling patients, “Don’t worry, it’s not cancer” is fine—but making a subtle change and saying, “You have medically unexplained symptoms” is at least a positive affirmation rather than a denial.

I know that I would benefit from more teaching, training, and research in dealing with “no news” as well as just bad news. Because no news is bad news for many patients.

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