

## Patient and provider participation in health care provision

**Felicity Goodyear-Smith** MBChB, MD,  
FRNZCGP, Editor

Patient welfare is central to primary health care and, in this issue's *Back to Back*, Associate Professor Nicolette Sheridan argues persuasively that professionalism demands that the interests of patients are placed above those of their physicians.<sup>1</sup> Associate Professor Stephen Buetow eloquently presents the counter position that, as moral equals, both patients and physicians have rights and responsibilities towards fulfilling their respective interests of receiving and giving care.<sup>2</sup> Because clinician and patient interests are integrally connected, subordination of clinician interests can harm both. Equal consideration of their interests does not equate to patients and clinicians being treated the same.

As equal partners in health care management, understanding patients' perspectives is a vital component when new interventions are being considered. With work progressing on development of a cardiovascular 'polypill', Bryant et al. explore patients' views on the acceptability of such an initiative.<sup>3</sup>

Engaging patients in self-management is a rapidly increasing component of primary health care. Our lead article reports a randomised controlled trial suggesting that the simple intervention of bed restriction can be an effective treatment for primary insomnia.<sup>4</sup> This technique requires the clinician and patient to work together to calculate the bed restriction required, and then the patient to carry it out. In our guest editorial, international sleep experts Wendy Troxel and Daniel Buysse emphasise the value of such non-pharmaceutical and patient-centred alternatives in helping insomnia sufferers.<sup>5</sup> Assisting patients to make behavioural changes towards healthier eating is a key component of managing lifestyle-related chronic disease. A systematic review by Ball and colleagues finds that general practitioners (GPs) can provide effective nutritional care.<sup>6</sup>

Pleasingly, often this can be achieved relatively rapidly, sometimes within a single consultation, and therefore may not be a huge demand on a GP's workload.

Increasingly patients are looking to the internet for health care solutions, including seeking 'interactive support' (discussing symptoms and seeking advice) through social network sites such as Facebook. One such example is sports-related concussion, where individuals, for whatever reason, may not consult a doctor about their condition. An interesting pilot study explores GPs' perspectives on whether such sites can be a safe and effective means of assisting patients in their concussion management.<sup>7</sup> With hundreds of health-related groups now using Facebook, this study highlights the importance of health care providers being aware of the values and risks of this adjunctive medium for health care delivery.

According to Tudor Hart's inverse care law, the availability of good health care tends to vary inversely with the need of the population served.<sup>8</sup> This principle is clearly demonstrated in a national study of secondary school students by Denny et al., who found that those adolescents most in need of care for both mental and physical health problems are the least likely to be accessing it.<sup>9</sup>

Up-skilling and education of our primary care workforce is an ongoing challenge. In a study of primary care nurses providing community care for people with diabetes, Daly and colleagues found an ageing workforce in which many lacked post-registration education and 20% had no access to the internet.<sup>10</sup> In another study of 11 Pacific children admitted to hospital with skin infections, prior consultation with their GP was found not to have prevented their admission, although of course the number of consultations which

J PRIM HEALTH CARE  
2013;5(1):2-3.

**CORRESPONDENCE TO:**  
**Felicity Goodyear-Smith**  
Professor and Goodfellow  
Postgraduate Chair,  
Department of General  
Practice and Primary  
Health Care, The  
University of Auckland,  
PB 92019 Auckland,  
New Zealand  
f.goodyear-smith@  
auckland.ac.nz

averted subsequent hospitalisation is unknown.<sup>11</sup> Increasingly physiotherapists are members of our interdisciplinary team. Stewart and Haswell report their work developing and validating a self-check tool for physiotherapists and other allied health professionals to assess their readiness to work in primary health care.<sup>12</sup> Interprofessional practice is becoming established as a keystone of primary health care, and this is being reflected in pre-registration teaching. Pullon et al. evaluate a pilot programme which delivered an interprofessional case-based component to medical, physiotherapy and dietetic undergraduate students' education, providing a collaborative approach to chronic condition management.<sup>13</sup>

Finally, Gavaghan and King, a lawyer and a bioethicist respectively, offer a thoughtful discussion on the role of the media in reporting suicide.<sup>14</sup> Traditionally there has been a media ban on reporting such events. While concerns may be raised that reporting details may lead to the encouragement of further incidents and that suicide is normalised or even glorified, Gavaghan and King argue that other considerations may support media coverage. For example, particular cases may highlight serious social or legal issues, or help inform policy debates. Families might want privacy, or they might want their case to be known to prevent this happening to others. Just as in health care, such decisions require the careful and informed balancing of various risks and benefits on a case-by-case basis.

## References

1. Sheridan N. Medical professionalism requires that the best interest of the patient must always come first: the 'yes' case. *J Prim Health Care*. 2013;5(1):74–75.
2. Buetow S. Medical professionalism requires that the best interest of the patient must always come first: the 'no' case. *J Prim Health Care*. 2013;5(1):76–77.
3. Bryant L, Martini N, Chan J, Chang L, Marmoush A, Robinson B, et al. Could the polypill improve adherence? The patient perspective. *J Prim Health Care*. 2013;5(1):28–35.
4. Fernando III A, Arroll B, Falloon K. A double-blind randomised controlled study of a brief intervention of bedtime restriction for adult patients with primary insomnia. *J Prim Health Care*. 2013;5(1):5–10.
5. Troxel W, Buysse D. Primary care intervention for primary insomnia. *J Prim Health Care*. 2013;5(1):4.
6. Ball L, Johnson C, Desbrow B, Leveritt M. General practitioners are capable of providing effective nutrition care to patients with lifestyle-related chronic disease. *J Prim Health Care*. 2013;5(1):59–69.
7. Ahmed O, Sullivan S, Schneiders A, Moon S, McCrory P. Exploring the opinions and perspectives of general practitioners towards the use of social networking sites for concussion management. *J Prim Health Care*. 2013;5(1):36–42.
8. Tudor Hart J. The inverse care law. *The Lancet*. 1971;297(7696):405–412.
9. Denny S, Farrant B, Cosgriff J, Cameron T, Johnson R, McNair V, et al. Forgone health care among secondary school students in New Zealand. *J Prim Health Care*. 2013;5(1):11–18.
10. Daly B, Arroll B, Sheridan N, Kenealy K, Scragg R. Characteristics of nurses providing community and out-patient care to diabetes patients in Auckland. *J Prim Health Care*. 2013;5(1):19–27.
11. Ete-Rasch E, Nelson K. Management of skin infections of Pacific children prior to hospitalisations. *J Prim Health Care*. 2013;5(1):43–51.
12. Stewart J, Haswell K. Assessing readiness to work in primary health care: the content validity of a self-check tool for physiotherapists and other health professionals. *J Prim Health Care*. 2013;5(1):70–73.
13. Pullon S, McKinlay E, Beckingsale L, Perry M, Darlow B, Gray B, et al. Interprofessional education for physiotherapy, medical and dietetics students; a pilot programme. *J Prim Health Care*. 2013;5(1):52–58.
14. Gavaghan C, King M. Reporting suicide: Safety isn't everything. *J Prim Health Care*. 2013;5(1):82–85.