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## TAKING STOCK

# Rammya Mathew: Helping patients off the conveyor belt of interventions

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As a GP, I see and treat a lot of patients with chronic disease and multimorbidity. It's not straightforward to manage myriad interconnecting health problems, or at least to do it well. I often hear myself in consultations trying to review each of a patient's conditions and to cram in all the advice around medicine compliance, self-management, and lifestyle change—and I know that, despite my good intentions, I'm doing a bad job of it.

The problem is that each chronic disease requires a number of interventions. Type 2 diabetes, for example, already has at least nine key care processes to consider as part of a comprehensive review. Once you add a few more conditions, such as chronic kidney disease or heart failure, the number of possible interventions quickly spirals and feels unachievable for both patient and practitioner.

In these consultations I'm also bombarded by computerised pop-up messages telling me that I'm not managing my patient well enough: that they should be taking a statin, that their blood tests are overdue, or that their last HbA1c wasn't within target. This reinforces the sense that we're prisoners to the quality metrics that guidelines associate with good care. But the reality is that, when it comes to multimorbidity, there's less professional and social agreement around what constitutes good outcomes, so those metrics often pressure us to pursue interventions that don't benefit our patients and sometimes even cause harm.

## Person centred care

Even without all the pop-up messages, these consultations can feel overwhelming before they've even begun. The amount of information I need to process can detract from my ability to empathise with the patient in front of me. If I fail to acknowledge how it feels for a patient to be told that they have heart failure, or to recognise the impact of taking another three medicines, it's not a good starting point from which to build a partnership with the patient and work out what might be a good outcome for them.

We all know about goal oriented care, but do we have the skills, the confidence, and the environment to take a step back, drown out the noise, and get to know a patient? We need to understand their priorities and acknowledge what feels achievable to them in terms of their health—without rushing to do more tests, prescribe more medicines, or impart more well meaning advice.

When I see how many patients are passive recipients of care, on a conveyor belt of interventions and bearing the brunt of polypharmacy, I feel as though we're far from where we need to be. The thinking around how best to approach multimorbidity hasn't translated well into practice, and we need to address both the gap in skills and confidence and the environment we work in if we're serious about delivering person centred care, which we know offers value for patients and the population.

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