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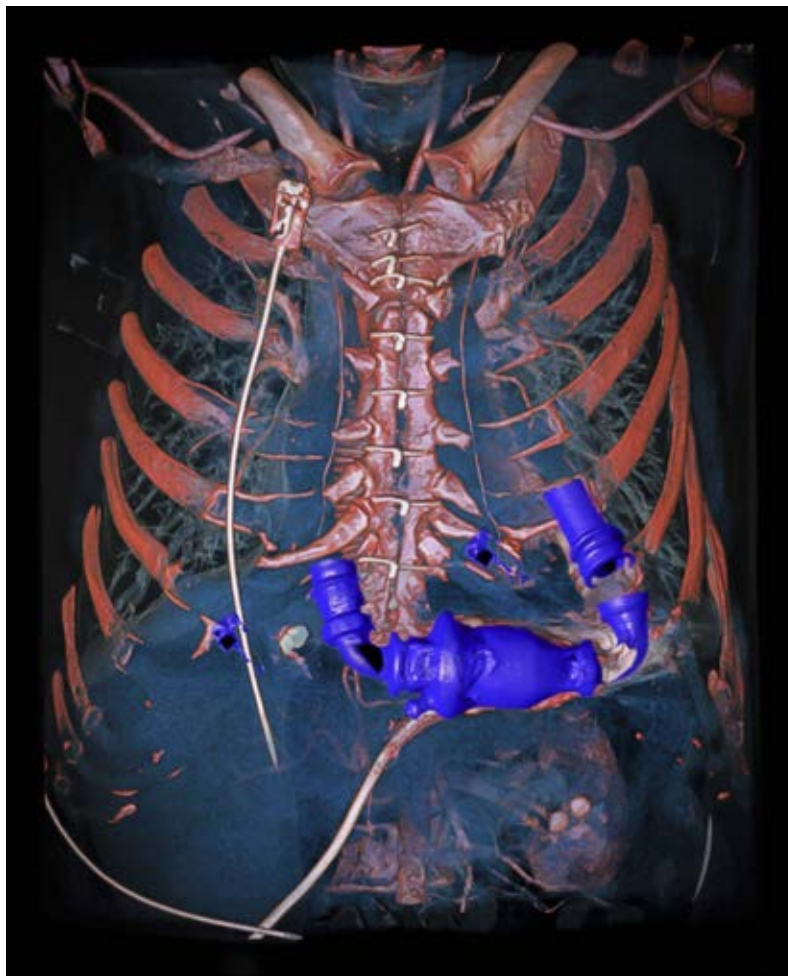
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PICTURE OF THE WEEK

Anders Persson's picture of a mechanical heart pump beating inside the chest of a patient is the overall winner of the Wellcome Image Awards 2014. The image was created from a dual energy computed tomography angiographic scan, using two sources of x rays.

● NEWS, p 5

RESPONSE OF THE WEEK

Our practice gave up using the tannoy system when it became unavailable during a building refurbishment 10 years ago. Once we were in our new building we didn't go back to using it. We all noticed the benefits of getting out of the consulting room to take a stroll down the corridor to collect our patients from the waiting room.

The clinical assessment starts as soon as we see the patient in the waiting room. We get to see who else is waiting who we may have lost from our radar. Since we introduced a computer to check the patient in it's nice for them to have a friendly human face providing a welcome. It all seems a lot friendlier and more practical than standing during the consultation, although the carpet in the corridor is getting a bit worn...

David Porteous, GP, Bristol, UK, in response to "Consultations in primary care should be held standing up" (*BMJ* 2014;348:g1558)

MOST READ

2013 was a horrible year for nursing—nurses are "burnt out," says chief

Change in mental health after smoking cessation: systematic review and meta-analysis

The survival time of chocolates on hospital wards: covert observational study

Neuropathic pain: mechanisms and their clinical implications

Bad medicine: gabapentin and pregabalin

BMJ.COM POLL

Last week's poll asked: "Should statins be extended to people at low risk of cardiovascular disease?"

77% voted no (total 986 votes cast)

► *BMJ* 2014;348:g1899

This week's poll asks:

"Should patients have the right to record consultations?"

► *BMJ* 2014;348:g2078

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EDITOR'S CHOICE

Doctors on the record

How would you feel if a patient came into your consulting room, switched on a smartphone, and said they intended to record the encounter?

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How would you feel if a patient came into your consulting room, switched on a smartphone, and said they intended to record the encounter? If you are anything like the family doctor in Glyn Elwyn's Observations column (p 24), you might well be taken aback and ask the patient to put the phone away. In Elwyn's tale, which is based on posts from a real online discussion thread that began several years ago, that is far from the end of the story. The patient posts her version of events on the forum, sparking strident reactions from other doctors. "Patients are taking her side," writes Elwyn. "It looks ugly."

In the patient's account "the doctor raised his voice and berated her for making the request, saying that the use of a recording device would betray the fundamental trust that is the basis of a good patient-doctor relationship." The patient wrote that she tried to reason, but "the doctor shouted at her, asking her to leave immediately and find another doctor."

When other participants on the forum expressed disbelief, writes Elwyn, the patient said she could prove that this had happened, "because she had a second recording device in her pocket, turned on, that had captured every event."

Over the next three years, as the thread on the online forum continued, Elwyn says that medical opinion changed. "Contributors from medical defence organisations demonstrated clear changes in policy."

Elwyn writes that legally it is viewed as a form of note keeping for patients to record their own clinical encounters. And whereas traditional medical records are "like the shadows on the wall of a cave, punctuated by codes and jargon," having a record of clinical encounters changes everything. "Imagine being able to analyse all clinical encounters. How much shared decision making was really done?" Where do you stand on the issue of

patients recording consultations? Vote in our online poll at bmj.com.

Would future analysis of recordings of doctor-patient consultations improve our understanding of overdiagnosis? In the latest article in our Too Much Medicine campaign (bmj.com/bmj-series/too-much-medicine), Tim Cundy and colleagues discuss recently proposed diagnostic criteria for gestational diabetes "that triple its prevalence" (p 15). "Is it good clinical care," they ask, "or yet another example of overdiagnosis?"

The criteria come from the International Association of Diabetes Pregnancy Study Groups (IADPSG), and Cundy and colleagues say that the reason that cases of gestational diabetes have trebled through the use of these criteria is the reliance on a single raised blood sugar result for diagnosis. "Forty per cent of pregnant women who had a second test shortly after an abnormal result had a normal test the second time."

The authors say, "The IADPSG proposals seem a striking example of overdiagnosis. If adopted, they will double or treble the rates of diagnosis of gestational diabetes, largely on the basis of one raised blood sugar measurement."

Other sets of clinical criteria come under scrutiny in Des Spence's antepenultimate weekly column (p 39). Spence remains true to form as he declares the Centor criteria for diagnosing bacterial tonsillitis in adults to be "deeply flawed" and the UK National Institute for Health and Care Excellence's traffic light system for children with fever to be "bad medicine." Whether or not you agree with Spence, catch him while you still can.

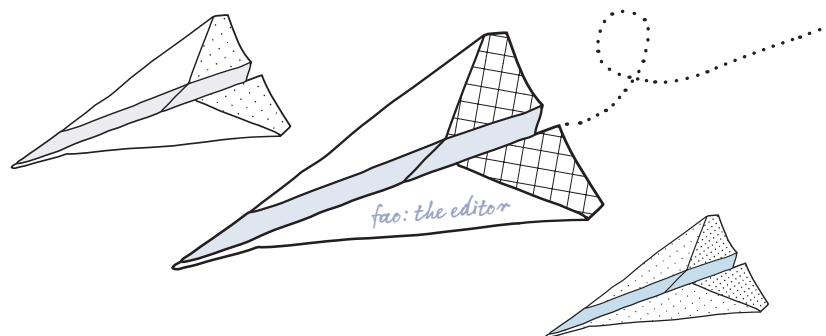
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