

## Letters to the editor

OVERVIEW

Please submit letters for the editor's consideration within three weeks of receipt of *Clinical Medicine*. Letters should ideally be limited to 350 words, and sent by email to: [clinicalmedicine@rcplondon.ac.uk](mailto:clinicalmedicine@rcplondon.ac.uk)

### Referring wisely? or referring when you need help?

Editor – The Royal College of Physicians (RCP) has produced a report on inpatient referrals from generalist to specialist teams describing the presentations and conditions specialists feel ought to be referred, and conversely those which do not require this.<sup>1</sup> Inpatient referral is a neglected area and this report is to be welcomed in so far as it intends to start a conversation about the role of this activity.

Referrals within a hospital are a source of interpersonal conflict and can be met with an aggressive and obstructive response.<sup>2</sup> One reason for this is that meeting inpatient referral demand is low on department priorities. It is a largely unrecorded and often poorly resourced activity. If a clinician in the NHS spends the afternoon seeing five new patients in clinic this will generate >£1000 of department income, but seeing five new ward referrals is unlikely to generate any income.

It is regrettable that this survey was confined to being a supply-side enquiry, only asking the specialist providers of referrals for their view. Specialists are motivated to restrict their referral work to interesting and complex presentations but a generalist may require their help or advice on more prosaic matters. Whether or not a phone call for advice constitutes an 'inappropriate referral' depends very much on where you are sitting, rather than on the content of the question.

We don't yet know the end-point of the conversation that this report intends to start but it is at least possible that it will end with referral rationing. With that in mind it is premature for the authors to state that 'referring wisely benefits physicians and patients' as they commented in their associated statement ([www.rcplondon.ac.uk/news/patients-and-physicians-benefit-referring-wisely](http://www.rcplondon.ac.uk/news/patients-and-physicians-benefit-referring-wisely)). This assertion conflates the title of the report with the underlying activity. The RCP should avoid a descent into propagandism, even if the rest of the world is using newspeak. ■

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### References

- 1 Royal College of Physicians. *Referring wisely*. London: Royal College of Physicians, 2017.
- 2 Bradley V, Liddle S, Shaw R, *et al*. Sticks and stones: investigating rude, dismissive and aggressive communication between doctors. *Clin Med* 2015;15:541–5.

### Response

These comments from two recognised researchers in the area of medical referrals are helpful and it is good that the document is generating debate (which was its intention).

It is worth stressing that the report is aimed at all physicians and specialists in particular (not only generalists as implied by Drs Bradley and Whitelaw), given that it is the practice of multiple referrals to other specialty teams by a specialty team for advice on the management of common medical conditions that the RCP is seeking to develop the conversation on. The document is not intended to be a guide for generalists and should not be viewed in that light.

We have a shortage of consultants in almost all specialties, with only 55% of consultant posts being successfully appointed to in 2016. Most specialty teams are very hard pressed and we need to view the specialty 'consult' as a precious and limited resource that should be used wisely.

It should also be noted that this was not a survey. We worked closely with all the specialty societies to produce the document. The ethos of the document is one of collaboration and how we as physicians can ease unnecessary delays in all of our patients' care. We hope it will facilitate a refocusing on what it means to be a physician as well as a specialist and the positive engagement of all the specialties is to be welcomed.

It is arguable as to whether the publicity around the release of the document was propaganda. Propaganda is defined as a message that helps a particular group or view – if patients are the group that benefit and the view we promote is improving collaboration between teams, is that a such terrible thing? ■

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### Medical problems in pregnancy

Editor – As a middle-grade doctor I found this article very useful.<sup>1</sup>

As commented by the authors, women are delaying childbirth until later in life.<sup>1</sup> Older women are more likely to have a medical disorder like hypertension, hyperlipidemia or diabetes mellitus, which are known risk factors for stroke.

Stroke in pregnancy has not been covered in this article; hence we are discussing this topic.

Stroke in pregnancy is relatively rare, but there is a three-fold increase in stroke incidence compared with non-pregnant women.<sup>2</sup> Acute stroke during pregnancy is a serious and stressful event, not only for the patient and family members but also for healthcare professionals.