

Letters to the editor

Editor – I was interested to read *Future Hospital Journal* volume 3 issue 1, which contained multiple editorials and reviews discussing the possible shape and staffing required to provide acute medical care in the future. The consensus seemed to be that, although evidence of efficacy is limited, the generalist should be a key member of the service.

While not wishing to complicate an already intractable problem, there seems inadequate consideration being given in these ongoing discussions to medically unexplained symptoms (MUS).

This omission is surprising when one considers 20–30% of primary care consultations and an average of 52% of hospital clinic consultations are with people experiencing MUS.¹ A significant number of these individuals will, at some point, present in an emergency care setting.

Securing the future of excellent patient care did not make any mention of the importance of this group of patients.² I would suggest that unless the workforce is better trained to recognise these individuals, the currently unsatisfactory care many receive will continue. This will result in prolonged suffering as well as wasted NHS resources.

Royal College of Psychiatrists guidance provides an excellent framework for diagnosing and managing individuals with MUS.³

I very much hope that at this time, when the profession is grappling with reform of emergency care services in the UK, this long neglected group of patients could be included in its considerations. ■

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References

- 1 Nimnuan C, Hotopf M, Wessely S. Medically unexplained symptoms: an epidemiological study in seven specialties. *J Psychosom Res* 2001;51:361–7.
- 2 Shape of Training. *Securing the future of excellent patient care*. London: Shape of Training, 2013.
- 3 Royal College of Psychiatrists. *Guidance for health professionals on medically unexplained symptoms (MUS)*. London: RCPsych, 2011.