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EDITOR'S CHOICE

Doctors on the record

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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 (doi:10.1136/bmj.g2078), 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. Accept that patients have a right to record, and welcome it when it happens, was their verdict."

Elwyn says 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" (doi:10.1136/bmj.g1567). "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. Interventions and costs will increase with no clear evidence that benefit will accrue."

Other sets of clinical criteria come under scrutiny in Des Spence's antepenultimate weekly column (doi:10.1136/bmj.g2056). 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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