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## PRIMARY COLOUR

## Helen Salisbury: Trouble with the new normal

Helen Salisbury *GP*

We can probably all agree that normality, in medicine, is a good thing. When patients present with symptoms we listen, examine, and can often confidently reassure them that what they're experiencing is a variation of normal and not worrying. Sometimes we may move on to blood tests or scans to pinpoint a diagnosis or exclude a serious problem. As a newly minted doctor I remember the excitement of getting abnormal results that confirmed my clinical suspicion. That feeling—which is often the starting point for successful treatment—hasn't gone entirely, but more often a normal result is received with relief. Even if we still don't know what's causing the symptoms we're at least reassured that it isn't the nastiest thing on a list of differentials.

Grey areas include results that are just outside the normal range but not enough so to account for the presenting symptoms. Now that patients have access to their medical notes, we often need to set aside time to discuss and reassure the more anxious or meticulous ones about results that may be very slightly abnormal but are also irrelevant.

What we must avoid at all costs is pretending that things are normal when they're clearly not (however much we wish they were). We do not ignore the unwelcome new anaemia or abnormality of liver function that hints at a cancer recurrence, and only with great caution do we step down the antipsychotic medication that has controlled our patient's most florid symptoms. As with medicine, so with covid: the return to normality is being trumpeted in the media as a welcome event we should all embrace, but the actual figures show a pandemic still raging. Although case rates remain very high and many people are still susceptible to infection, our schoolchildren, workers, and even MPs are being herded back into crowded indoor spaces with minimal mitigations.

Despite the negative briefings, GPs are resisting calls to return to normal surgery opening. The daily flood of positive covid test results into our inboxes reminds us—should we be in any danger of believing otherwise—of a continuing need to keep vulnerable patients and staff safe. In our hospitals one in five intensive care beds is occupied by a patient with covid, and normal working remains heavily compromised by the need to care for those patients while limiting the spread of this disease. While other European countries continue to work hard to limit rates of infection, outside the NHS it seems that England has officially thrown caution to the winds.

We're being encouraged to accept that 130 deaths a day from a preventable infectious disease is unremarkable and the "new normal." I beg to differ, and I see trouble ahead.

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