



Oxford

helen.salisbury@phc.ox.ac.uk Follow

Helen on Twitter: @HelenRSalisbury

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PRIMARY COLOUR

Helen Salisbury: Routes to recovery

Helen Salisbury *GP*

One of the hardest parts of being ill is not knowing when, or even if, you'll be well again. As doctors we're often asked about this, but only sometimes can we provide a definitive answer. There are published estimates for some conditions, although a quick look online shows that these vary widely, even for relatively well defined problems such as broken bones. Patients often have over-optimistic ideas (occasionally acquired in the emergency department) about how quickly they'll be back to normal, and they then need reassurance that ongoing discomfort isn't a sign that something's gone wrong.

For more complicated conditions, and in cases where recovery can't be guaranteed, we can turn to research findings (if they exist) and our own experience, but this often feels no better than peering into a crystal ball. To encourage conversations about end-of-life care planning, the "surprise question" has been advocated, where clinicians ask themselves, "Would I be surprised if this patient died in the next 12 months?" However, studies around the use of this question have revealed just how bad we are at prediction, especially in patients without cancer.¹ My own experience bears this out. There are patients I still look after whose death would not have been surprising any year in the past decade, but they live on—sometimes in frailty and poor health or just in extreme old age.

Other patients surprise me not just by their survival but by their ability to turn their lives around or rebuild them after adverse events. I take no particular credit for my patients who have overcome drug or alcohol misuse, lost significant weight to reverse a type 2 diabetes diagnosis, or finally escaped an abusive relationship. The effort was all theirs, and I merely cheered from the sidelines.

However, it's deeply heartening when things go well, especially when patients encounter other parts of our care system that have really worked for them. Complex cases involving social services, the alcohol and drug team, and mental health services can leave us with low expectations of a happy, healthy outcome, but the extent to which we can communicate and work together probably influences the likelihood of success. This is even harder to imagine when we're all so busy that finding time to talk seems nearly impossible.

Knowing patients who have changed their lives for the better, and sometimes even gone on to work in the very services that helped them, is a useful reminder not to give up hope. I may not feel as though I have much to offer some patients—I can't be their willpower or their courage, and I can't provide the refuge they may need—but I can offer my support and my belief that things can change. A better life is possible, and they deserve it.

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¹ Downar J, Goldman R, Pinto R, Englesakis M, Adhikari NKJ. The "surprise question" for predicting death in seriously ill patients: a systematic review and meta-analysis. *CMAJ* 2017;189:E484-93. doi: 10.1503/cmaj.160775. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5378508/>. pmid: 28385893