The Exceptional Potential of General Practice: Serial encounters

Glasgow
14-15 February 2019

continuity
solidarity
co-production

91 references to 'continuity'

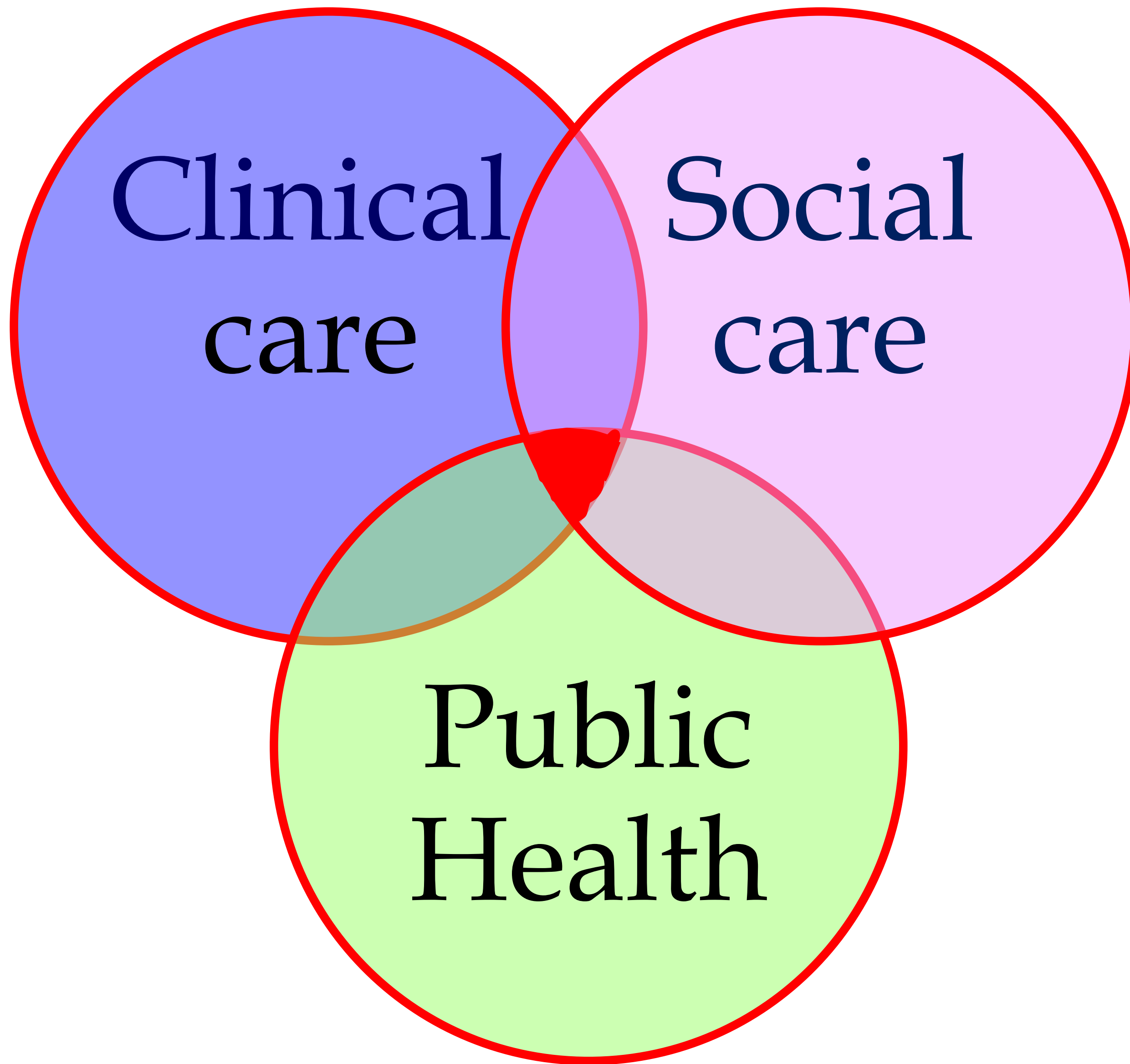
27 to 'solidarity'

44 to co-production

in 328 pages

… a shift in both professional and patient behaviour … towards continuing care – more attention to causes, as well as to consequences, greater interest and investment in the uncertain beginnings of disease, where clinical and social care meet the boundaries of public health.

Julian Tudor Hart
The Political Economy of Health Care, 2010


Clinical care
Social care
Public Health

Effective health care has to be built around real continuing personal stories, not episodic fragments of standardized process.

Julian Tudor Hart
The Political Economy of Health Care, 2010

This theme [about control and standards in the day-to-day work of the family doctor] is concerned with the control of outputs and regulating processes. It uses no theoretical constructs, it adopts the language of accountancy and it regards diversity as a product of uncontrolled professional license rather than an ecological reality.

Stott NCH.
When something is good, more of the same is not always better.
BJGP 1993; **309**:254-258.

Less and less frequently do we encounter people with the ability to tell a tale properly. … It is as if something that seemed inalienable to us, the securest among our possessions, were taken from us: the ability to exchange experiences.

Walter Benjamin
The Storyteller
In: *Illuminations: Essays and Reflections,* 1968

One reason for this phenomenon is obvious: experience has fallen in value. And it looks as if it is continuing to fall into bottomlessness.

Walter Benjamin
The Storyteller
In: *Illuminations: Essays and Reflections,* 1968

The product of personal medical care was not, and still is not, simply reduced mortality or shortened or improved outcome of illness; medical interventions have always to some extent met real personal, social and political needs, other than manipulations of the mechanisms of illness.

Julian Tudor Hart
Models of medical production and their social consequences
In: *Health care and the Common Market - Proceedings of the 8th International Association for Health Policy (Europe) Conference 1993*
London: Medical World, 1993.

- it is important to note the difference between interrogation and dialogue. Questions which admit of only ‘yes’ or ‘no’ answers do not allow the respondent to provide a description of his or her experience. ... If the physician is to learn something about the patient’s experience he or she must initiate a dialogue with the patient – a dialogue that allows the patient to provide a first person narrative of the illness.

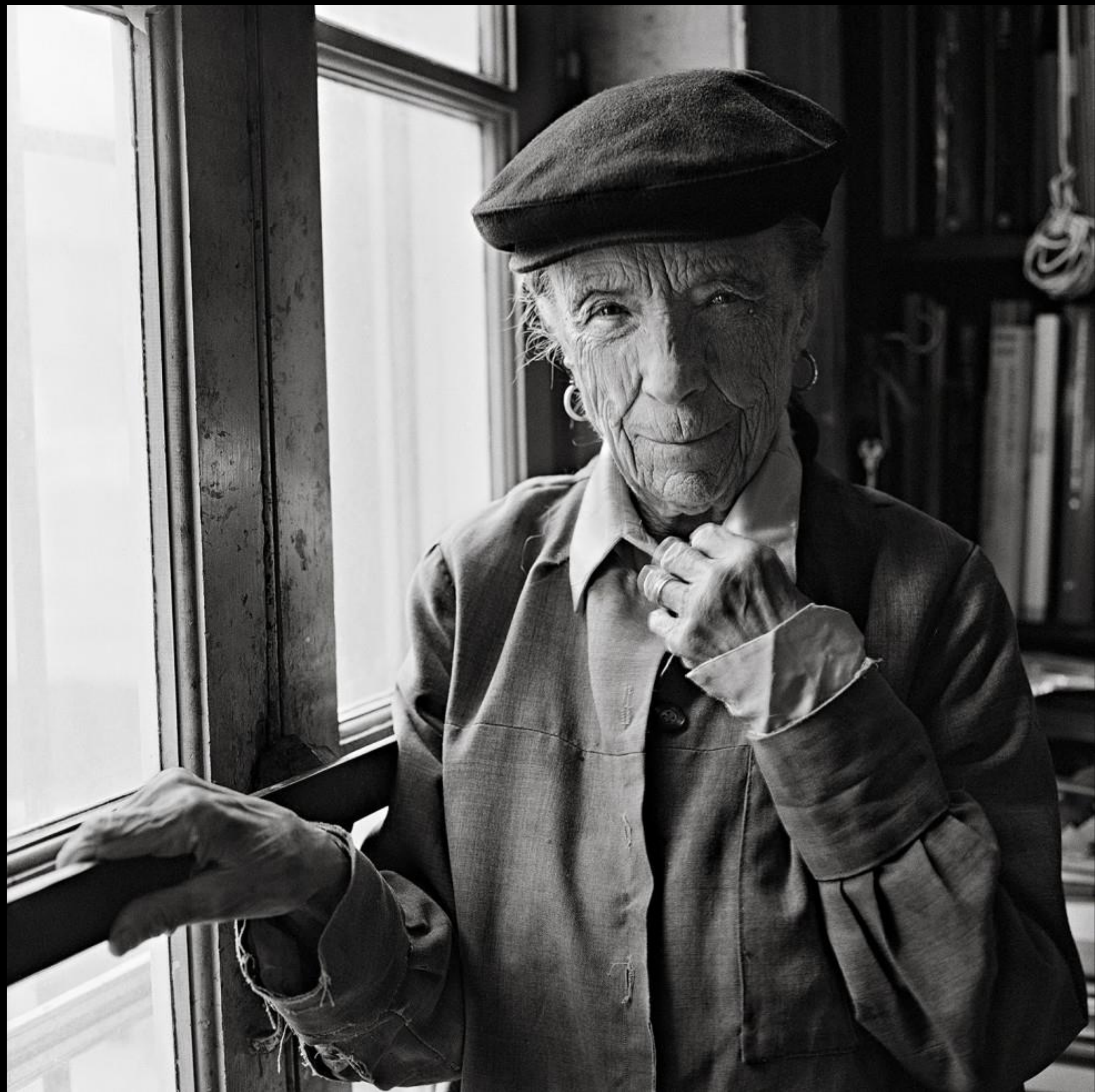
Toombs SK
The meaning of illness, 1993.

Biography … is an act of human solidarity, and in its own way an act of recognition and of love.

Richard Holmes

Sidetracks - Explorations of a Romantic Biographer

• 2000



You are born alone. You die alone. The value of the space in between is trust and love. That is why geometrically speaking the circle is a one. Everything comes to you from the other. You have to be able to reach the other. If not you are alone …

Louise Bourgeois
Diary entry 1987

Solidarity, a belief that humans are all of one species, that we are social animals who stand or fall together, whose survival depends on helping one another, and whose genetic diversity is a strength rather than a weakness, has sound foundations in human biology.

Julian Tudor Hart
The Political Economy of Health Care, 2010

The concept of solidarity as a guiding principle for health care has its diametrical opposite in the view that health care can most effectively and efficiently be provided as a commodity traded for profit.

Julian Tudor Hart
The Political Economy of Health Care, 2010

Once doctors are paid according to production not of better health outcomes, but of processes assumed to result in those outcomes, the stage is set for clinical inflation, because the market rewards credulity and penalises scepticism.

Julian Tudor Hart
Feasible Socialism, 1994

Biohealth

Beyond Medicalization: Imposing Health

We are now in a phase beyond medicalization when even health—the "opposite" of medicine's focus, disease—has become medicalized. Biomedicine, assuming it knows what health is, imposes that understanding on everyone. Medicine used to claim authority over the cracks and interruptions in life; now it claims authority over all of life.

Downing R.
Biohealth. Beyond Medicalization: Imposing Health, 2011

co-production of health

Solidarity

- Between doctors and patients
- Between health care professionals
- Across and between societies

… greater continuity: continuity of care, continuity of experience, continuity of thought and continuity of information across inter-professional boundaries.

Julian Tudor Hart
The Political Economy of Health Care, 2010

BMJ Open

Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality

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ABSTRACT

Objective Continuity of care is a long-standing feature of healthcare, especially of general practice. It is associated with increased patient satisfaction, increased take-up of health promotion, greater adherence to medical advice and decreased use of hospital services. This review aims to examine whether there is a relationship between the receipt of continuity of doctor care and mortality.
Design Systematic review without meta-analysis.
Data sources MEDLINE, Embase and the Web of Science, from 1996 to 2017.
Eligibility criteria for selecting studies Peer-reviewed primary research articles, published in English which reported measured continuity of care received by patients from any kind of doctor, in any setting, in any country, related to measured mortality of those patients.
Results Of the 726 articles identified in searches, 22 fulfilled the eligibility criteria. The studies were all cohort or cross-sectional and most adjusted for multiple potential confounding factors. These studies came from nine countries with very different cultures and health systems. We found such heterogeneity of continuity and mortality measurement methods and time frames that it was not possible to combine the results of studies. However, 18 (81.8%) high-quality studies reported statistically significant reductions in mortality, with increased continuity of care. 16 of these were with all-cause mortality. Three others showed no association and one demonstrated mixed results. These significant protective effects occurred with both generalist and specialist doctors.
Conclusions This first systematic review reveals that increased continuity of care by doctors is associated with lower mortality rates. Although all the evidence is observational, patients across cultural boundaries appear to benefit from continuity of care with both generalist and specialist doctors. Many of these articles called for continuity to be given a higher priority in healthcare planning. Despite substantial, successive, technical advances in medicine, interpersonal factors remain important.
PROSPERO registration number CRD42016042091.

Strengths and limitations of this study

- The first systematic review of continuity of care and mortality.
- We included studies working with patients with all conditions, of all ages and of all stages of conditions.
- We included articles investigating continuity with all kinds of doctors in any health system.
- We included articles using any clearly defined measure of continuity of care.
- A meta-analysis was not possible due to heterogeneity of continuity and mortality measures.

INTRODUCTION

Medical science has advanced rapidly since the early 19th century. Major advances from the germ theory to the sequencing of the human genome have together generated much deeper understanding of the pathophysiology of disease with improved prevention and treatment. However, all these advances are mostly related to physical factors. Research on human aspects of medical care has lagged.

Internationally, there has been a decrease in the perceived value of personal contact between patients and doctors. An editorial in the *New England Journal of Medicine*[1] suggested that non-personal care should become the 'default option' in medicine.

One way to study interpersonal care is by measuring continuity of care. The definition of continuity of care that we have used previously[2] is repeated contact between an individual patient and a doctor. Such repeated contact gives patients and doctors the opportunity for improved understanding of each other's views and priorities. Continuity of care can be considered to be a proxy measure for the strength of patient–doctor relationships.[3]

There have been a variety of approaches to measure continuity and so far only three randomised controlled trials have been completed.[4–6] These all showed continuity to be beneficial for patients over relatively short

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