

What role do medical students have in shaping the future of the National Health Service?

Health Messages: Time to turn the tables?

Almost daily, the media bombard us with new headlines about the NHS in trouble, featuring over-worked A&E departments, superbugs or privatisation plans. Being a medical student in this atmosphere of impending doom can feel frustrating. We don't have a formal voice in the massive changes facing the NHS, other than normal voters' rights and lobbying work by associations such as the BMA with its medical students' committee. Snowed under with work, deadlines and exams, we rarely think about the greater picture, and may believe that due to lack of seniority and experience we can give very little useful input.

However, I would like to focus on a way medical students are already making a positive impact on the future of the NHS, which could be built on. It is an old adage that prevention is better than cure. Recently, the very *Institute for Innovation and Improvement* has called for the NHS's vision to shift "in focus from sickness and cure to wellness and prevention"¹. Any future healthcare system will face an ageing population and stretched healthcare resources, combined with rising expectations of modern medicine. With patients increasingly critical and health issues catching the headlines, the role of doctors has to change from fixing to preventing damage. The medical profession needs to transform from a sworn circle guarding its knowledge to a group of educators willing and able to explain, in terms patients can understand, what is going wrong with them and why – lest Wikipedia or The Daily Mail take over the job.

The problem is that GPs and clinicians are usually – and quite understandably – too busy to spend much time on this. When sitting in a clinic, have you ever wondered how the patient will understand the doctor's three-word explanation of how and why their pills should be taken, when you yourself can barely follow? Medication non-compliance is a serious healthcare problem², as well as a waste of NHS money. Or take the 78-year old gentleman in A&E with severe abdominal pain thought to be a ruptured abdominal aortic aneurysm, which after a CT scan and consultant review turned out to be simple constipation. The patient was astonished to learn that drinking less would not improve his constipation, as he imagined his inner plumbings akin to a set of pipes connecting mouth to back passage, and didn't want to overfill an obviously blocked pipe system. It took some patience to convey to him that not drinking meant more water had to be absorbed from his gut, resulting in constipation. This caused the patient some consternation but in the end he proclaimed just how glad he was that somebody had finally explained it to him.

1 NHS Institute for Innovation and Improvement. Prevention is better than cure. NHS Institute for Innovation and Improvement 2006 – 2013. [Cited 28 March 2015] Available from: http://www.institute.nhs.uk/building_capability/technology_and_product_innovation/prevention_is_better_than_cure.html

2 Gottlieb, H. Medication Nonadherence: Finding solutions. Medscape Medical Students; 2000. [Cited 29 March 2015] Available from: <http://www.medscape.com/viewarticle/409940>

In many situations, correcting some very basic misconceptions about the body, or explaining the meaning of tests, scans, and pills – in a way tailored to the patient's level – would go a long way to improving patient experience, compliance and well-being. Here, medical students are in a unique position to affect change. We have insights into the perspectives of both doctor and patient, as well as being less busy as our seniors, usually keen to make meaningful use of spare time, and eager to improve communication skills. While we may fully understand every condition, procedure or treatment, we know much more than the lay person and can make an impact on how patients see their own bodies and understand issues of health.

Students are already reaching out to tackle such issues. Committees at many medical schools, including my own, organise “Teddy Bear Hospital” projects for 3-6 year olds at local nurseries and primary schools. While the stated aim is to reduce children's fears of healthcare environments by letting them play teddy doctors and provide students with experience of working with children, there are many other aspects to the sessions. We introduce the different organs and explain their function in basic terms. We talk about healthy eating. We show basic first aid and how to call for help if they are concerned about someone. We let them listen to their own hearts and lungs, something they find funny and fascinating. This playful approach is a valuable step in conveying the message that the body is something you should take an active interest in, from a very young age.

In another project, medical students at the University of Manchester offered “health MOTs” at a community health fair, identifying new cases of hypertension, hypercholesterolaemia and hyperglycaemia, and providing explanations and counselling.³ Evidently, medical students' enthusiasm, as well as knowledge, are valuable resources that should be put to use. There can be obstacles: Patients may not take “half-baked doctors” seriously, and inexperienced students may both miss serious pathology and over-estimate harmless signs. However, especially in the community – when people would otherwise not even have sought care – I believe these issues are rather minor points. The main message remains: Medics should encourage patients to take responsibility for their own health instead of waiting for something to go wrong. Additionally, if medical students practise communicating health messages, they will be naturals at this once qualified. This aspect is sadly underrepresented in our curricula, where communication skills are taught mainly with the aim of extracting information from the patient, rather than communicating anything back. While a thorough history is obviously essential, at some point during the doctor-patient relationship it may be time to turn the tables and focus on providing information to the patient: Why do you think this happened? Is there something you would like me to explain? Students are in an ideal position to have these conversations with patients, if the patients want to have them – in many cases they do.

3 National Forum for Health and Wellbeing. Leyland Health Mela 2014 A Success. [Updated 15 September 2014; cited 30 March 2015] Available from: <http://www.nfhw.org.uk/leyland-health-mela-2014-a-success/>

It is unfortunate that projects such as Teddy Bear Hospital or the Manchester students' project are left up to individual dedicated committees rather than being integrated into curricula. All parties benefit from them, and although there isn't (yet) any data supporting this point, they could be one of those crucial small steps to achieving the *Institute for Innovation and Improvement's* vision for the NHS of the future.

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