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Should I Say Something? Whether to Offer Unsolicited Health Information Inside and Outside the Workplace as a Healthcare Professional

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“The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing.” –Einstein

“He that blows the coals in quarrels he has nothing to do with, has no right to complain if the sparks fly in his face.” –Franklin

Should I Say Something?

Whether to offer unsolicited health information
inside and outside the workplace as a healthcare professional

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May 1, 2013

Visible, dangerous,
yet often undiagnosed

Hidden in plain sight: melanoma

Lifetime risk of getting melanoma:

- 2.6% for Caucasian men in USA
- 1.7% for Caucasian women in USA

Lifetime risk of dying from melanoma:

- 0.4% for men in USA
- 0.2% for women in USA

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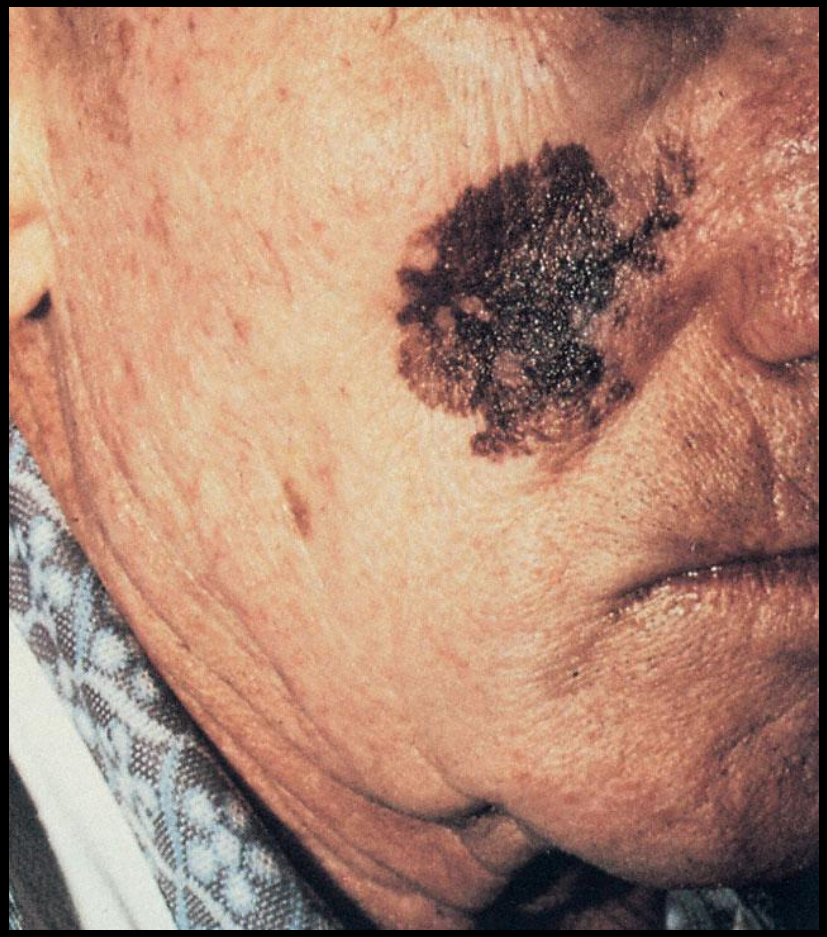
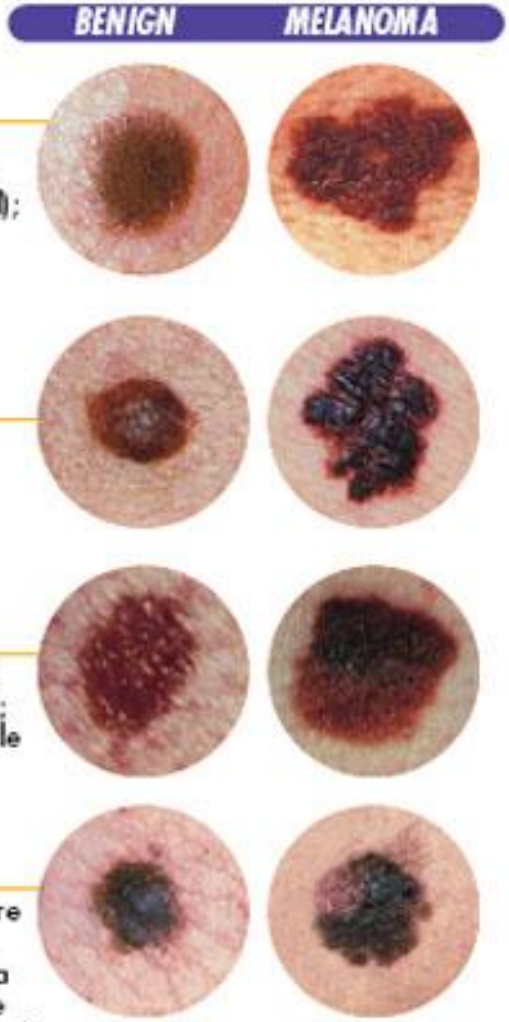
A 2008 study at a geriatric hospital in Paris found that of 306 patients, 17 had undiagnosed skin cancer, 2 of which were melanoma

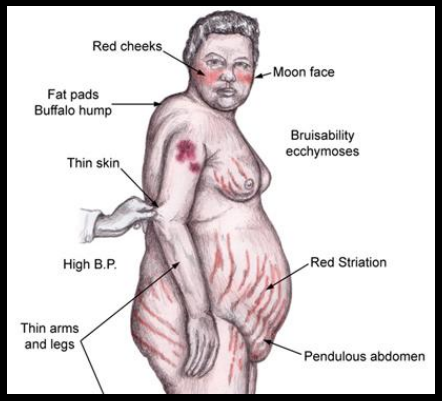


Hidden in plain sight: melanoma

Superficial spreading melanoma



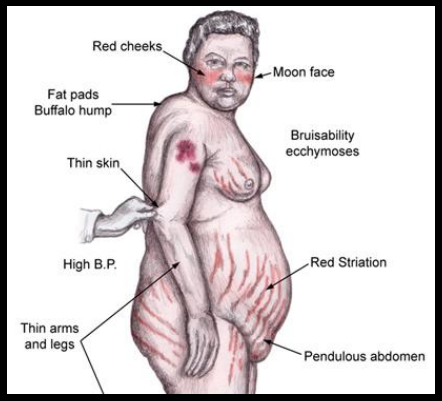
Rare endocrine disorders



Cushing's syndrome (from high cortisol)

- 25 per million; half from corticosteroid use
- abdominal striae, "moon face", "buffalo hump"
- 50% five-year mortality after start of symptoms

Rare endocrine disorders



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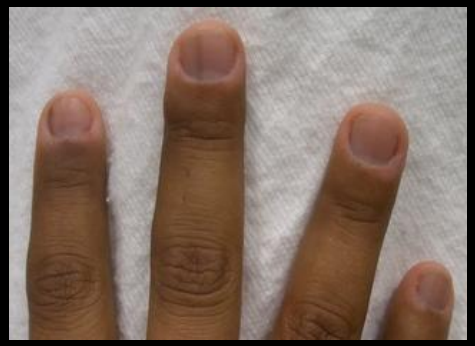

Addison's disease (from adrenal insufficiency)

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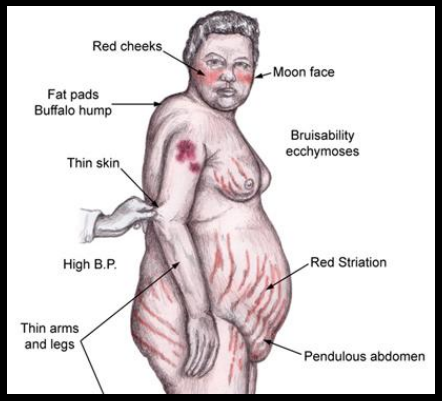
- unexplained increase in pigmentation
- fatal if not treated: aldosterone essential

Rare endocrine disorders



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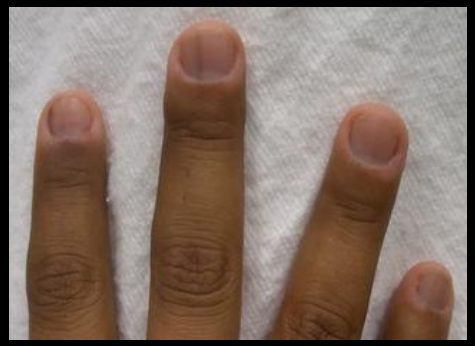


Addison's disease (from adrenal insufficiency)

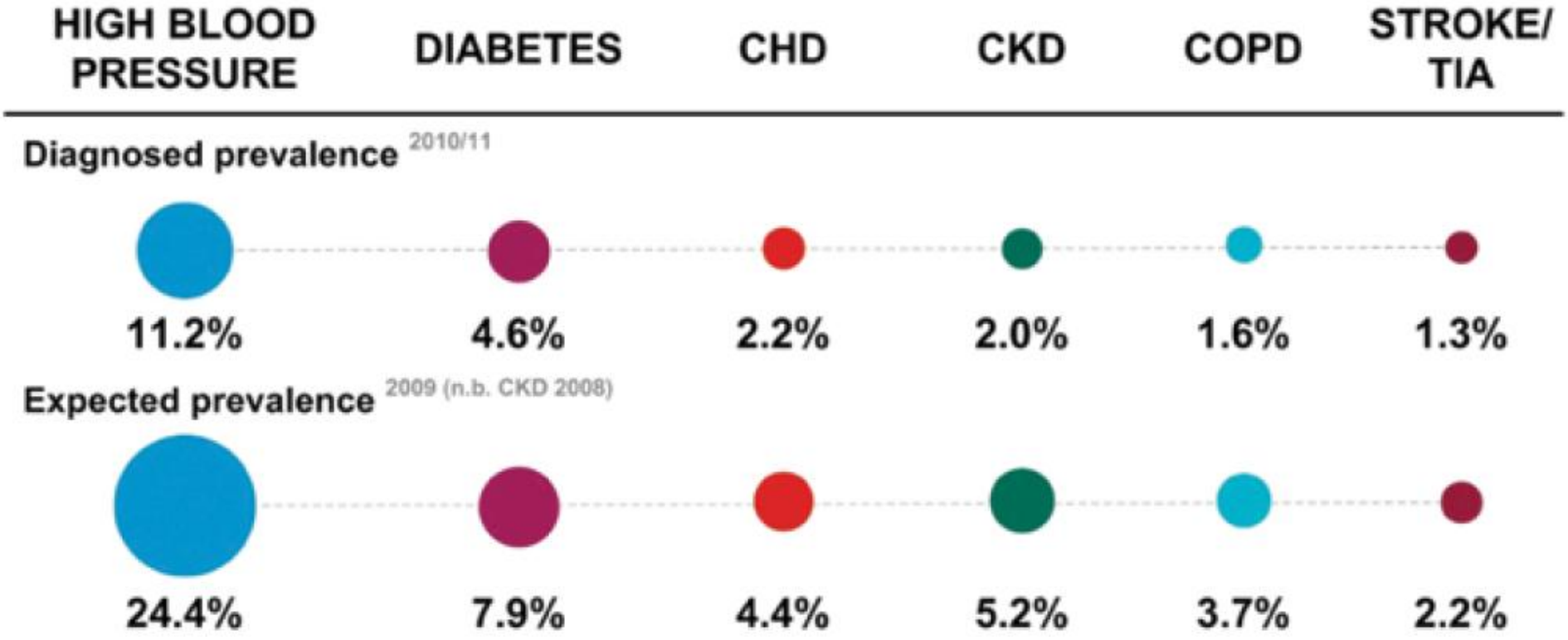
- 100 per million
- unexplained increase in pigmentation
- fatal if not treated: aldosterone essential

Acromegaly (from excessive growth hormone)

- 50 per million
- rings and shoes no longer fit, "coarse facies"
- 10-year shorter life expectancy if not treated

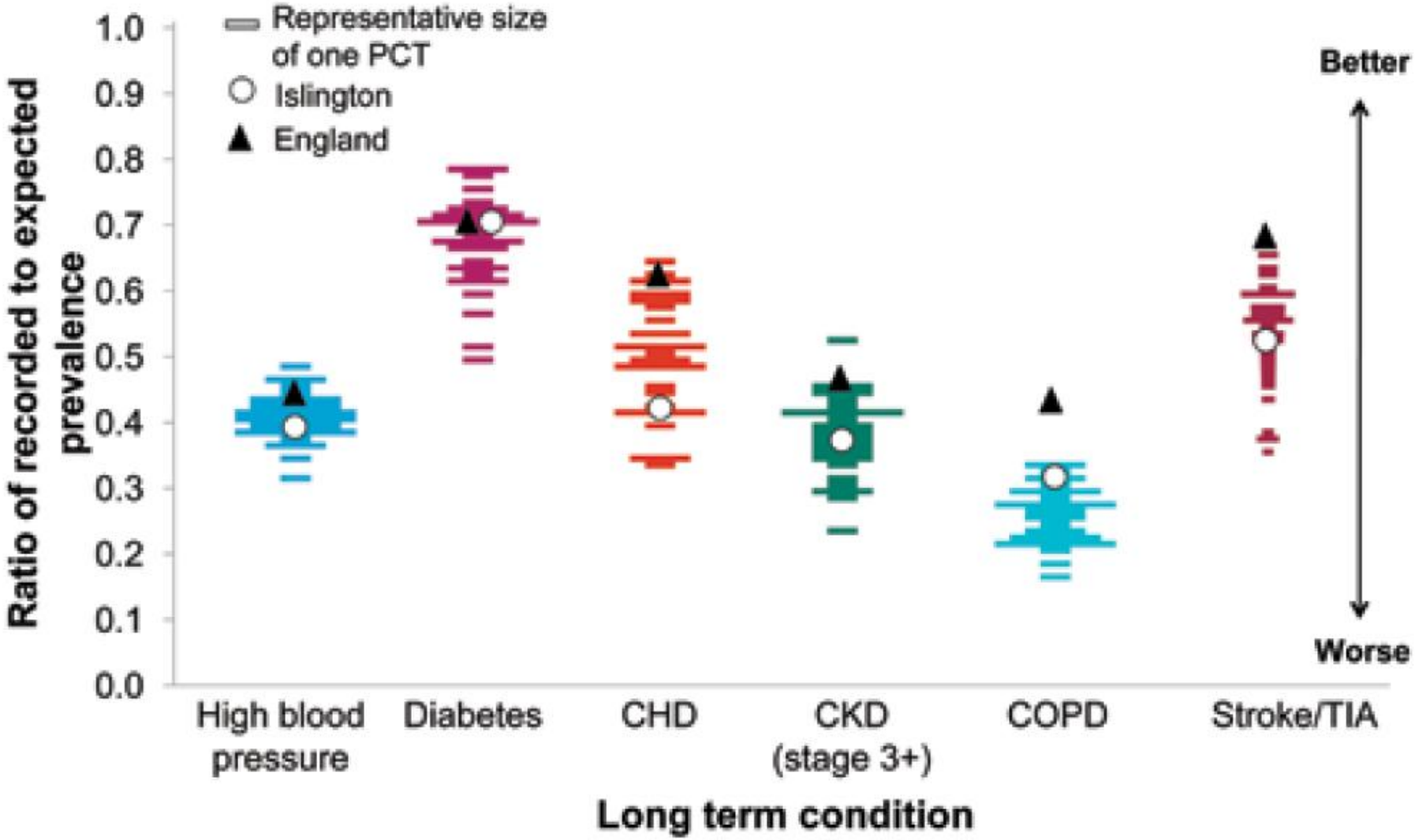
Conditions with visible risk factors

Data for Islington, UK (urban residential neighbourhood of London)
Sample size for diagnosed prevalence approx. 200 000



Expected prevalence is calculated from community-specific indicators: age, sex, ethnicity, smoking, BMI, rurality and socioeconomic status.

Conditions with visible risk factors

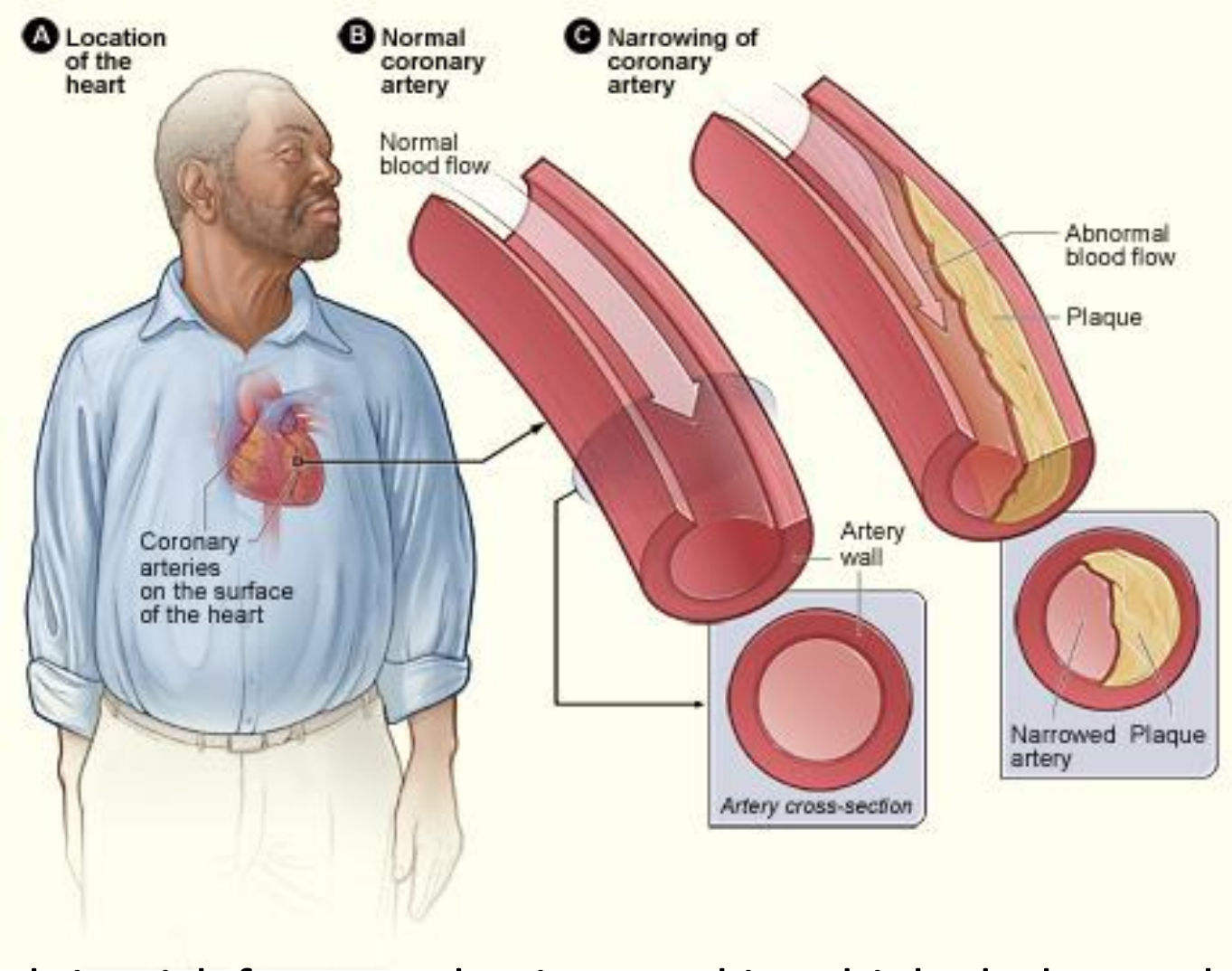


CHD (Coronary Heart Disease)

Responsible for 1/3 of deaths over age 35.

Most individuals have no symptoms

1st symptom often heart attack



CHD is visible through its risk factors: obesity, smoking, high cholesterol

CHD risk factor: high cholesterol

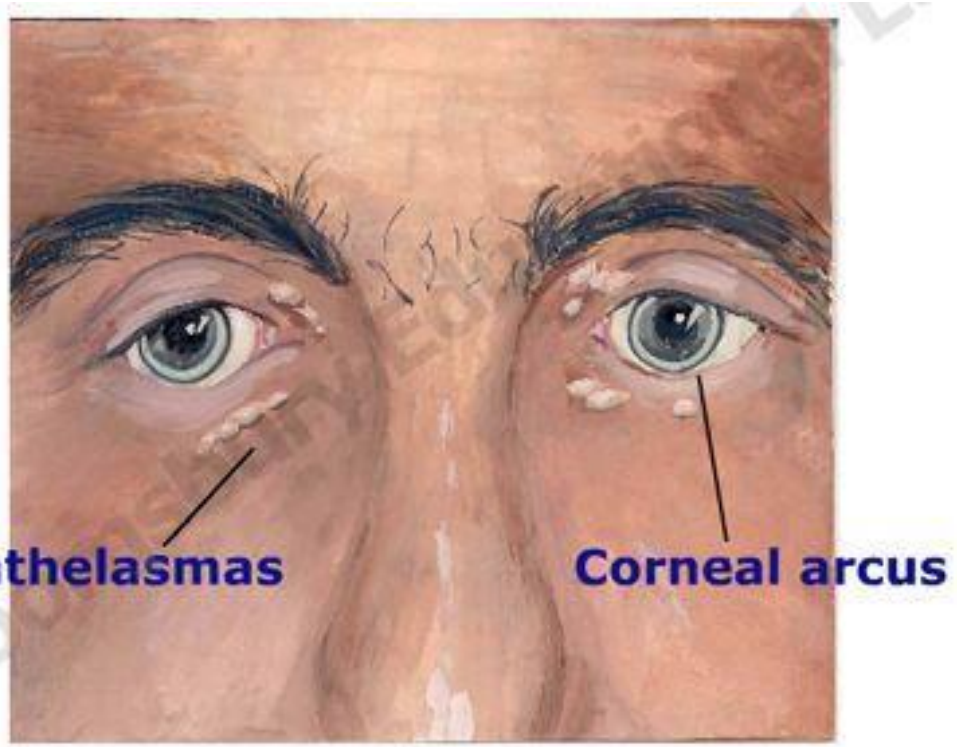
If not hereditary, xanthelasmas usually indicate high cholesterol.

2011 cohort study of 12745 people initially without CHD:
at start, 4.4% had xanthelasmas.

During 33 years of follow-up, those with xanthelasmas had

- 48% greater chance of MI
- 39% greater chance of ischemic heart disease
- 69% greater chance of severe atherosclerosis

(all significant at α=0.05 criterion)



Other visible warning signs that are often ignored?

Other visible warning signs that are often ignored?

- Autonomic & motor
  - e.g. Horner's syndrome, tremor, rigidity, weakness
- Cognitive
  - e.g. delusions, mood changes, memory
- Autoimmune skin disorders
  - e.g. Sjogren's syndrome, psoriasis
- Fingernail problems
  - e.g. spoon-shaped, pitting, clubbing, dark bands, indentations, separation, yellowing


Ignorantia legis neminem excusat
(Ignorance of the law excuses no one)

Duty of care

- For a professional to be liable, a duty of care must have been established (Walker, 2002)
- Both parties must consent to a professional-client relationship in order for a duty of care to be established (Texas Supreme Court, 1995)
  - “Professionals do not owe a duty to exercise their particular talents, knowledge, and skill on behalf of every person they encounter in the course of the day”

Advise vs. Inform

advise: to suggest the best course of action
inform: to give facts or information

- The act of giving individual-specific advice can be misconstrued as consenting to the formation of a professional-client relationship
  - Even if the advice is correct, a professional can be successfully sued if their counsel was incomplete and harm occurred (Padden v Bevan Ashford Solicitors, 2011)
- Also, giving individual-specific advice can be punished for “practicing without a license”
  - N. Carolina stopped a blogger giving nutrition info (Liptak, 2012)

Emergencies & reporting of abuse

- Legally, off-duty professionals are not required to respond in an emergency or report abuse (Walker, 2002)
  - However, many feel there exists an ethical duty
- Good Samaritan laws exist nationwide (HeartSafe America, 2009)
  - remove liability in responding to emergencies, and in reporting child abuse, as long as the responder acted rationally, in good faith, and in accordance with their level of training


Experiences, opinions, & attitudes
on offering unsolicited info

Positive opinions & experiences for established provider-patient relationships

1. PCP patients expect to be asked about smoking (Kviz *et al*., 1997)
2. PCP patients expect to be asked about family violence (Burge *et al.*, 2005)
3. 50% of the population visits the dentist every year (Fried, 2001); good for screening
4. Smoking cessation advice (SCA) is effective from dental hygienists (Binnie *et al*., 2007)

Barriers to SCA in the dental office

- Lack of remuneration, lack of time, lack of training (Stacey *et al.*, 2005)
- Lack of patient interest, lack of patient education materials and resources, smoking parents of adolescents, personality issues, provider-patient diversity in age, gender, ethnicity, and culture (Bigelow *et al*, 2007)

Barriers: confidence

- Likelihood of offering SCA related to area of knowledge and skills the DH student felt they had (Edwards *et al.*, 2006)
- For students with adequate knowledge of smoking health risks associated with tobacco use, those who provided advice were more likely to have positive attitudes toward giving SCA (Clareboets *et al*., 2010)

Barriers: confidence

- A 32-study meta-analysis showed that physician weight-loss advice works (Rose *et al.*, 2013)
- Yet, physician weight-loss counselling has declined despite increasing obesity
  - doctors sometimes doubt that patients can change their habits or believe that they don't have the proper training to provide lifestyle counseling (Kraschnewski *et al*., 2013)
  - physicians with normal BMI were more likely to engage their obese patients in weight loss discussions as compared to overweight physicians (Bleich *et al.*, 2012)

Barrier: patient independence

- “Many people using pharmacies for minor ailments view themselves as the managers of their ailment and use community pharmacies as one of several resources available. The want of customers for pharmacist intervention may not be great.” (Clarke *et al*, 2004, p. 12)

We don’t want to cause

- worry
  - confrontation may only remind an individual of a very unpleasant fact — adding to their pain
- anger/annoyance
  - unasked for support can be seen as unpleasant, primarily because it implies incompetence (Smith & Goodnow, 1999)
- despair
  - there may be little use in approaching someone about a possible disease that can’t be treated
- embarrassment
  - people often don’t want certain information paraded in front of them

Strategies

Strategies

- Open the discussion in a respectful way
  - Start by politely asking a question
- Ensure the conversation is private
- Rather than immediately giving unsolicited info, determine receptiveness (e.g. for the DH giving SCA, "How do you feel about your smoking?") and continue when individual is ready (Buetow, 1999)

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