

The GP Encounter: Embedding personal agency and autonomy

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Podcast The GP Show



Acknowledgement of Country

I respectfully acknowledge the Traditional Custodians of the Country on which this event is taking place, and all indigenous Elders past, present and *emerging*

Contents

1. My personal and professional experience of healthcare
2. The context of providing healthcare
3. “Reflections” on the need and the how to incorporate lived experience (for the health professional)
4. Empowerment: Getting the most out of your GP visit and embedding change (for the public)

I am only who I am,
in the time I have



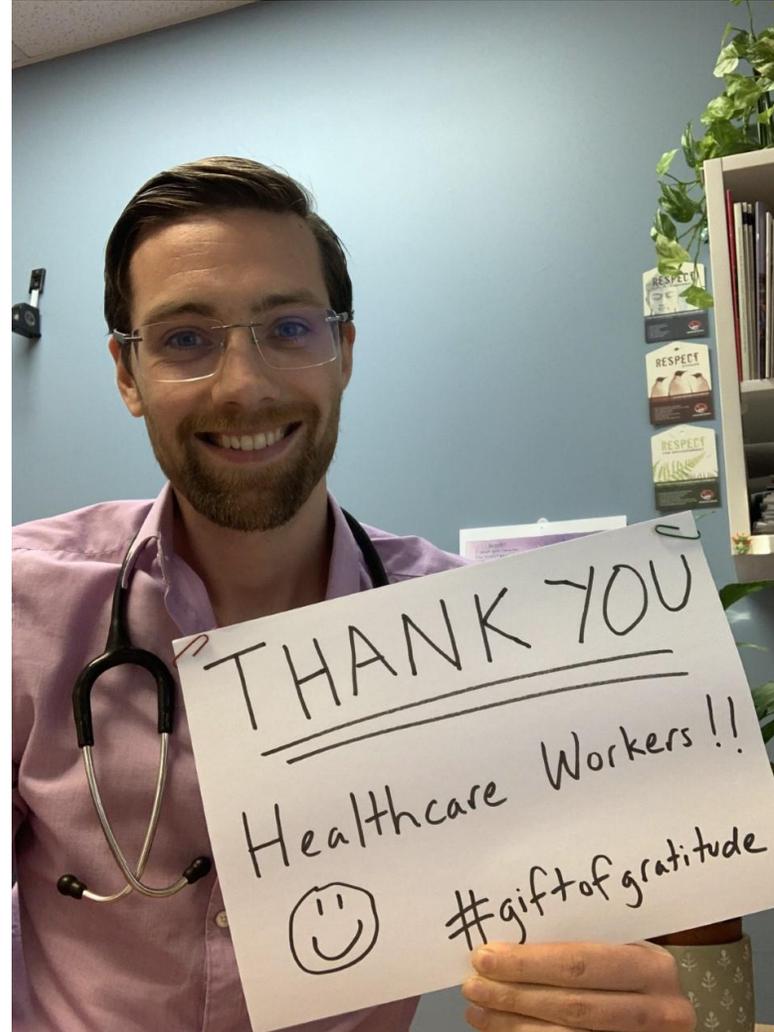
For patients/clients and health professionals



Why I KNOW “patient agency” matters...my story



Professional mission deeply informed by lived experience



Should we as health professionals advocate for change in clinical practice and research based on our lived and clinical experience?

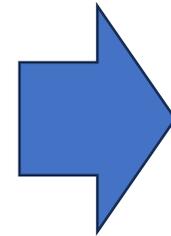
Understanding context - State of healthcare...

More problems overall - ~ GPs manage on average 3.6 problems per short consult of ~15 mins

More complex chronic disease

Referrals increased

Increased pathology tests and imaging by more than 50% and 70% respectively from 2001–03 to 2013–15



41% of doctors surveyed have depression, anxiety, stress, burnout or other mental health condition

71% of GPs report symptoms of burnout

64% are considering reducing the time they spend practising

The context... most of us health professionals are trying really hard

*“Australia’s messy suite of payments are largely accomplices of illness rather than wellness, **only countered by the ingenuity and ethical beliefs of providers to swim against the current**”*

- Productivity Commission 2017



Yay us!

Patient agency is a core foundation of evidence based medicine

The foundational role of LE in evidence based medicine

1. best research evidence
2. real-world clinical expertise
3. **patient values/preferences**

→ BEST OUTCOMES... why?



Genuinely bringing in LE allows superior personalisation



For example: Varied response to same meal

- 800-person cohort, measured responses to 46,898 meals
- High variability in the response to identical meals
- Devised a machine-learning algorithm that integrates blood parameters, dietary habits, anthropometrics, physical activity, and microbiota

[< Previous Article](#)

Volume 163, Issue 5, p1079–1094, 19 November 2015

ARTICLE

Personalized Nutrition by Prediction of Glycemic Responses

David Zeevi⁸, Tal Korem⁸, Niv Zmora⁸, David Israeli⁸, Daphna Rothschild, Adina Weinberger, Orly Ben-Yacov, Dar Lador, Tali Avnit-Sagi, Maya Lotan-Pompan, Jotham Suez, Jemal Ali Mahdi, Elad Matot, Gal Malka, Noa Kosower, Michal Rein, Gili Zilberman-Schapira, Lenka Dohnalová, Meirav Pevsner-Fischer, Rony Bikovsky, Zamir Halpern, Eran Elinav⁹  , Eran Segal⁹  

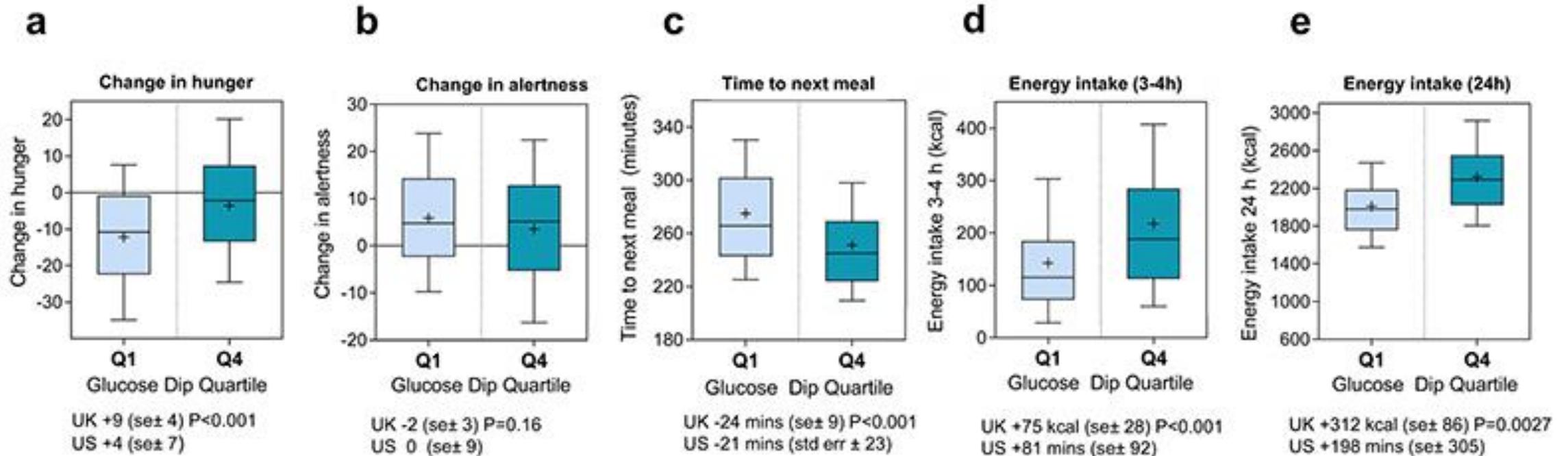
⁸ Co-first author

⁹ Co-senior author

  PlumX Metrics

DOI: <http://dx.doi.org/10.1016/j.cell.2015.11.001> |  CrossMark

Response to same meal over the day



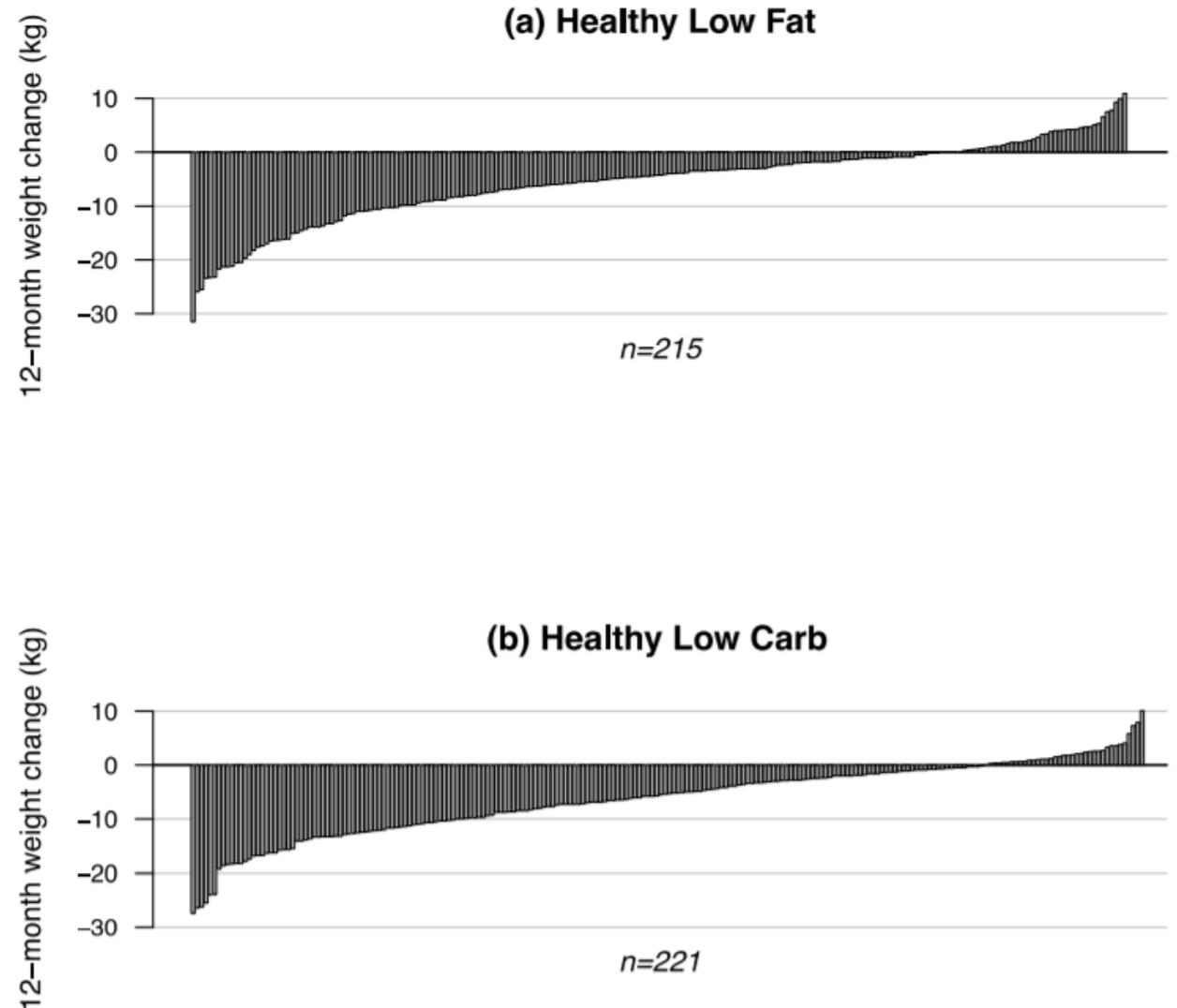
Postprandial measures by top and bottom quartiles of 2-3h Glucose Dip

Wyatt P, Berry SE, Finlayson G, et al. Postprandial glycaemic dips predict appetite and energy intake in healthy individuals [published correction appears in *Nat Metab.* 2021 Jul;3(7):1032]. *Nat Metab.* 2021;3(4):523-529. doi:10.1038/s42255-021-00383-x

*“The substantial variability of weight loss response **suggests** some strategies may work better for some individuals than others, and that no one diet should be recommended universally”*

- Gardner, C. et al (2018). Effect of Low-Fat vs Low-Carbohydrate Diet on 12-Month Weight Loss in Overweight Adults and the Association With Genotype Pattern or Insulin Secretion: The DIETFITS Randomized Clinical Trial. *JAMA*,

eFigure 1. Waterfall plot of weight loss by diet group



Similar range for weight change of approximately 40 kg within each group

Experience and beliefs matter - biologically

Genotyped 107 individuals and identified genetic factors which may predispose to obesity

1. Randomly assigned a test result of either 'high-risk of obesity' or 'protected from obesity', irrespective of their actual test result, which was hidden from them.
2. The subjects then engaged in a task to test their physiological satiety (GLP-1 levels) and perceived fullness.

→ The results showed that merely *being told (false) genetic risk information* altered the individuals' physiological satiety and perceived fullness, sometimes to a level *greater than the effects associated with actual genetic risk*

Incorporating agency → Therapeutic relationships

20+ meta-analyses demonstrate:

- Makes substantial and consistent contributions to patient success in all types of psychotherapy
- Accounts for why clients improve (or fail to improve) **as much as the particular psychotherapeutic treatment method**
- Some authors report that the quality of the relationship is the **best predictor of client success**

Norcross, J. C., & Lambert, M. J.. Psychotherapy relationships that work III. *Psychotherapy*, 2018

Norcross, Lambert (2010), Evidence-based therapy relationships

De Haan (2008) Relational coaching, Wiley

Less errors when incorporating LE?

Office of Health Ombudsman 2017
chart → **primary** issues

- Most complaints cover multiple areas
- 13%-60% relevant to communication

Main issues raised in complaints

Issue	Number	Percentage
Access	20	3.52
Code of conduct for healthcare workers	0	0.00
Communication/information	75	13.20
Consent	11	1.94
Discharge/transfer arrangements	14	2.46
Environment/management of facilities	3	0.53
Enquiry service	0	0.00
Fees/cost	18	3.17
Grievance processes	16	2.82
Medical records	12	2.11
Medication	56	9.86
Professional conduct	60	10.56
Professional health	18	3.17
Professional performance	255	44.89
Reports/certificates	10	1.76
Treatment	0	0.00
Total	568	100.00

These figures are based on issues recorded during the reporting period. A single complaint can contain multiple issues. Reporting on all issues identified in complaints allows comprehensive monitoring of trends, which can in turn inform a range of health complaint management system functions, such as education and information provision.

Let's talk about humility

The days of the “all knowing doctor” **are gone**

- vast amount of information
- complexity of the human being

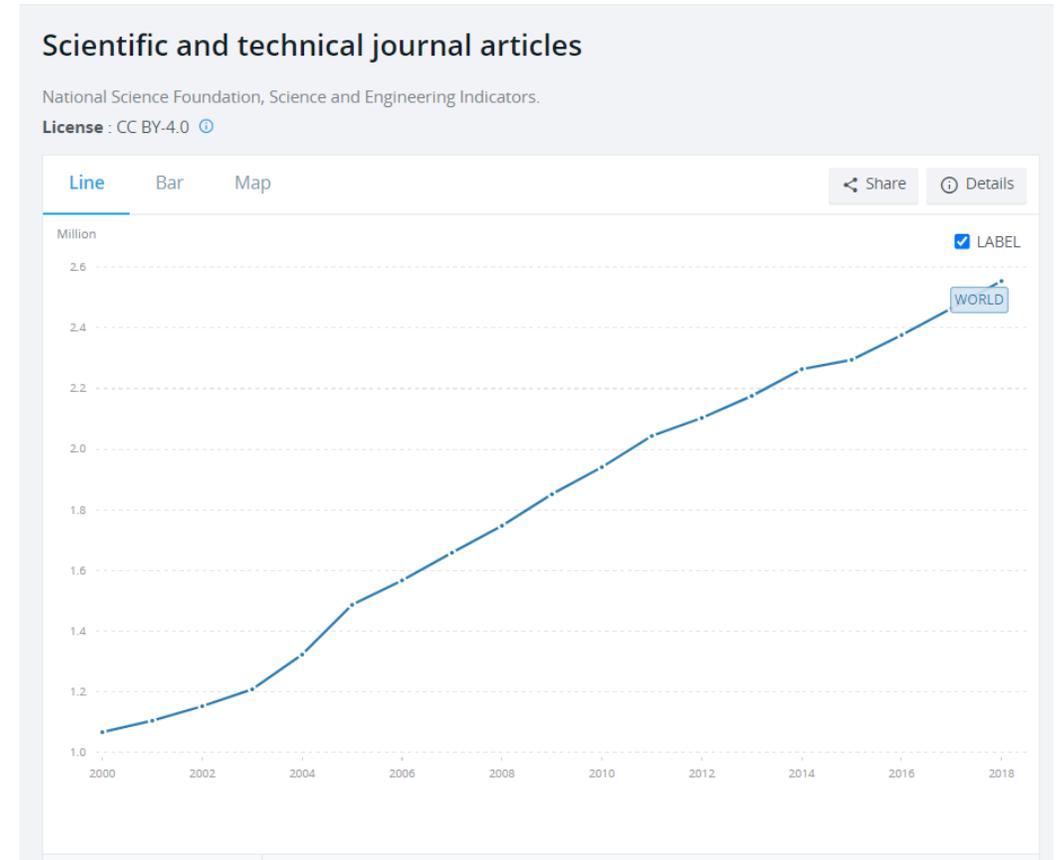
Replaced by a **shared journey** where each member contributes and power is more equal

Actively seek feedback and repair when needed

Humility - Research and information

2.5 million published articles in 2018 =
~7000 articles/day

Growing at about 4% annually over the
last 10 years 2009-2019.



National Science Board, National Science Foundation. 2019. Publication Output: U.S. Trends and International Comparisons. *Science and Engineering Indicators 2020*. NSB-2020-6. Alexandria, VA. Available at <https://nces.nsf.gov/pubs/nsb20206/>.

How I incorporate LE as a GP?

Consider: my own story – “How would I want myself or my loved ones to be treated?”

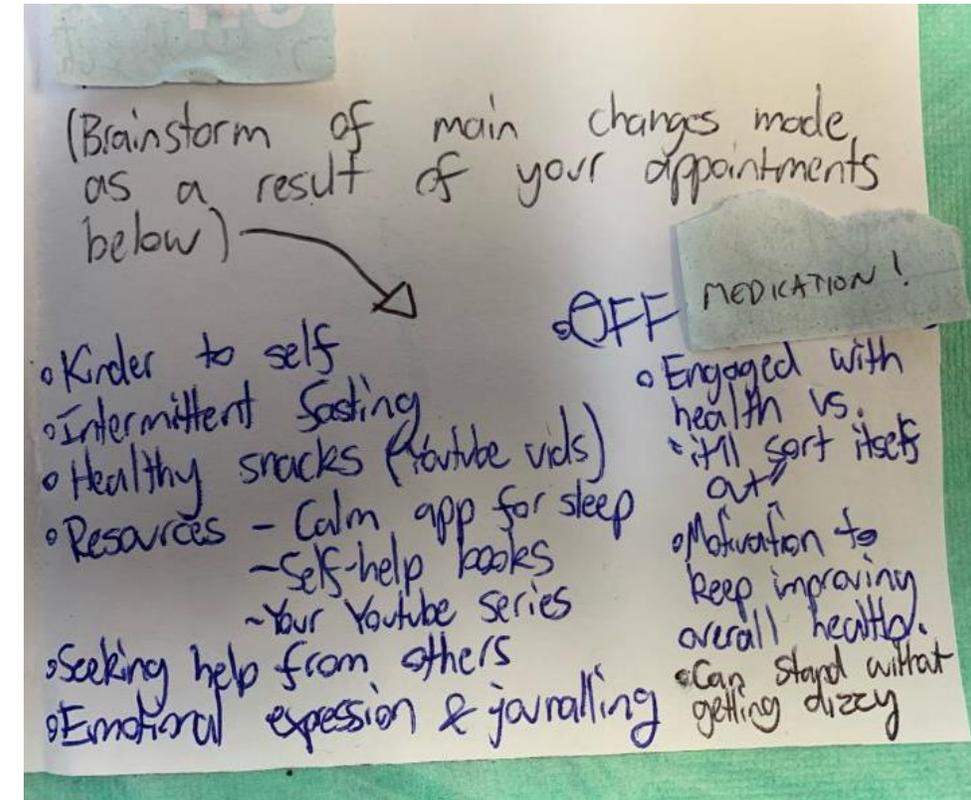
Hearing their story with curiosity and humility

Using other’s stories to support others (maintaining confidentiality of course!)

Training in whole of person care – addressing the lifestyle and social determinants

Resources – peer support, F2F, online

Models of care – PSW, social prescription map, collaborative practice



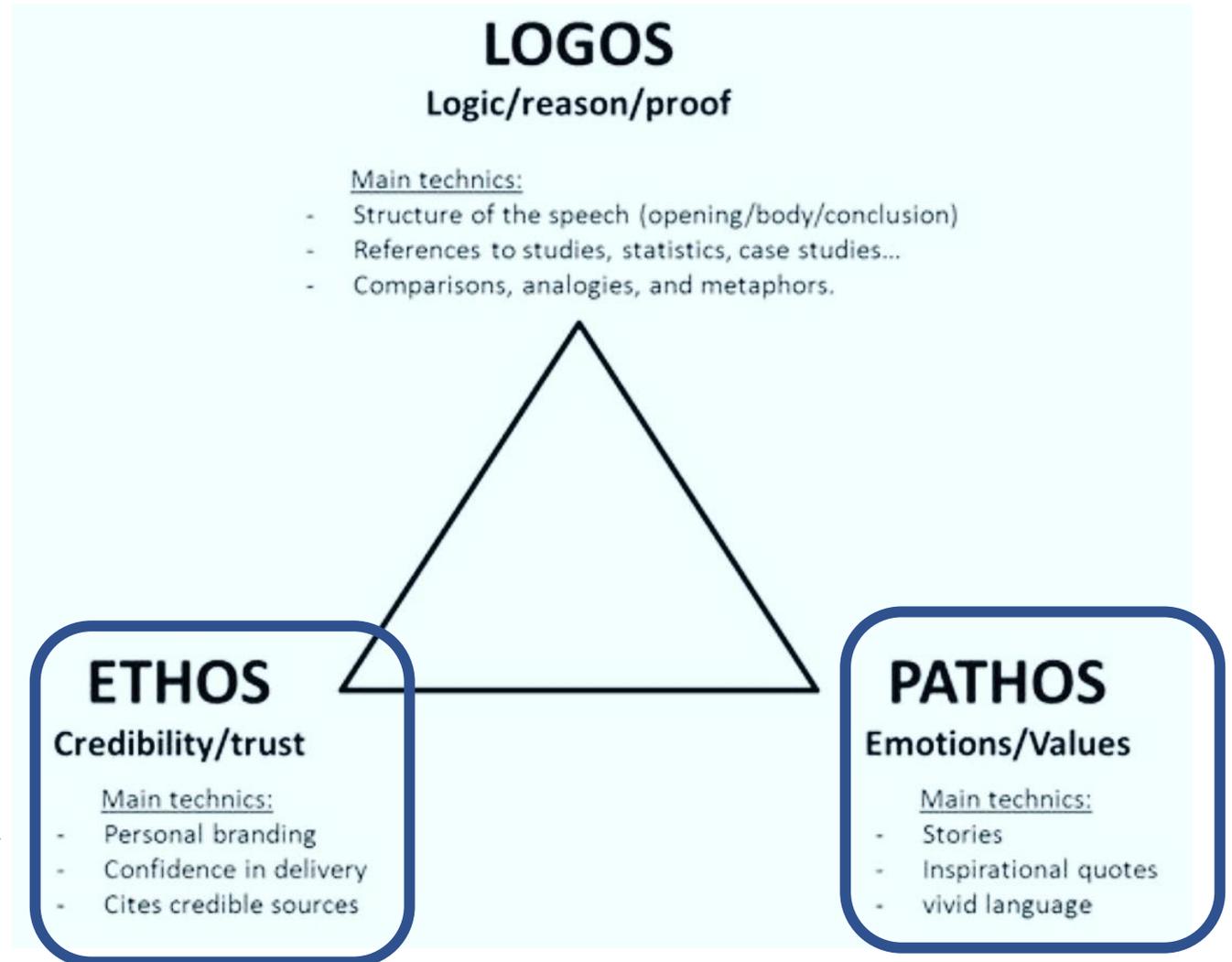
Using LE: Aristotle's "modes of persuasion" Ethos – Pathos - Logos

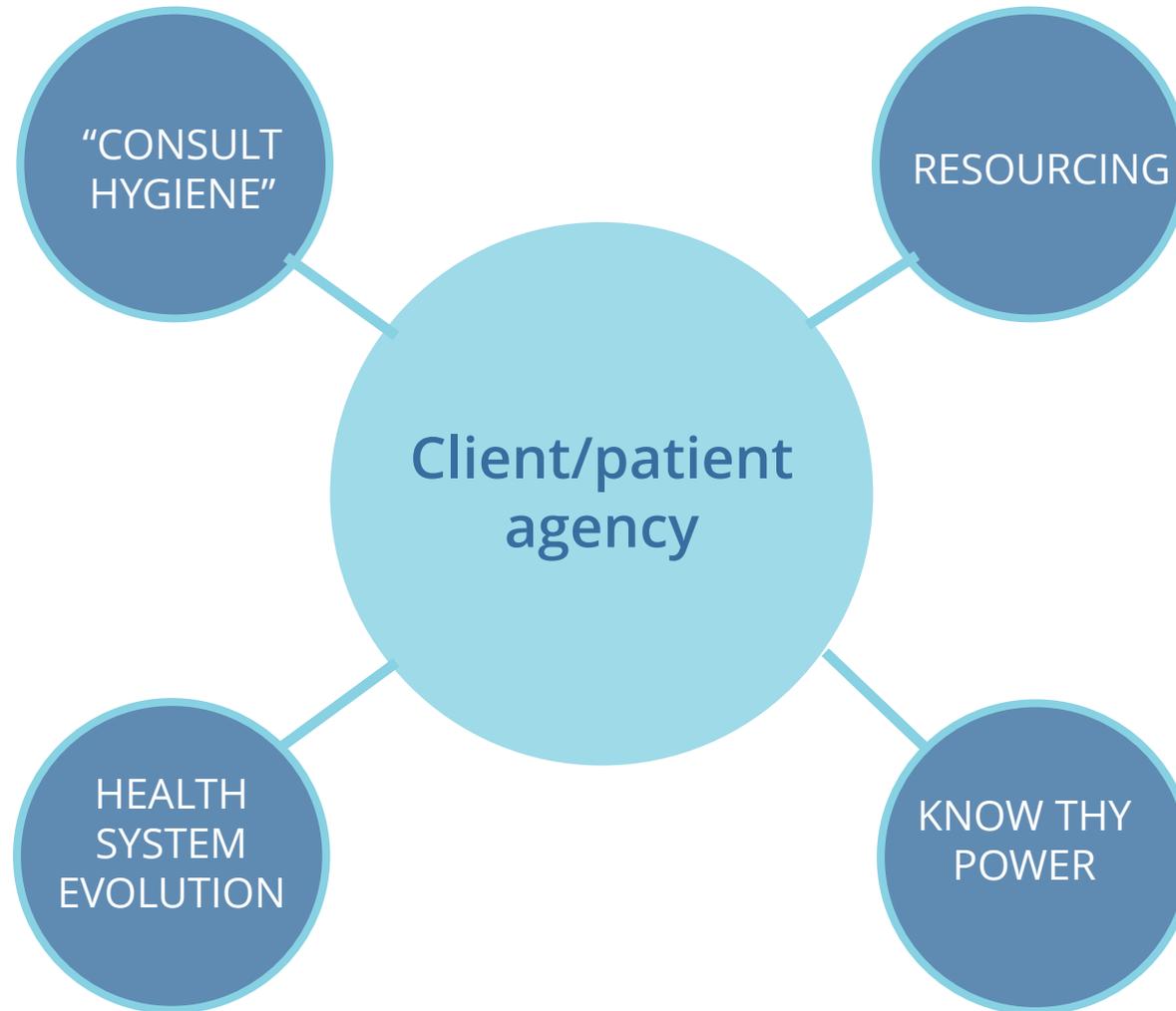
Have health professions depended too much on "logos"?

The STORY can matter as much (if not more) as the evidence

→ research?

Therapeutic relationship →





“Consult Hygiene”

- Book Enough Time
- Come Prepared
- Be Honest
- Take Notes
- Ask Questions
- Book Follow-Up Appointments

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Home

COVID-19

Health topics A-Z ▾

Medicines

Symptom checker

Service



Questions to ask your doctor

8-minute read



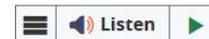
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Save



Listen



EQUALLYWELL

Quality of Life - Equality in Life

Taking Charge of your Care

Using this Resource

About You

Identifying Your Needs

In the Appointment

After the Appointment

Using this Resource

This resource is to help you communicate your needs and preferences to doctors and clinicians who are caring for you. It has been written specifically for people living with both physical and mental health concerns. The resource is designed to be used in appointments with General Practitioners (GPs) but may also be used in any other care setting.

You can use this resource to help identify your health needs, and work out what matters most to you before you go to appointments. You might do this just as a record for yourself, or you might complete this resource to give it to your doctor or specialist, clinician, or support person. You can print this out before you go to your appointment.

The resource contains about 40 questions. You don't need to answer every question, only the ones you want to share. It will take at least 20 minutes to complete, but may take longer depending on the information you would you like to include.

Resourcing – biopsychosocial-cultural-spiritual

Support – in consults, 2nd
opinions

Community

Online

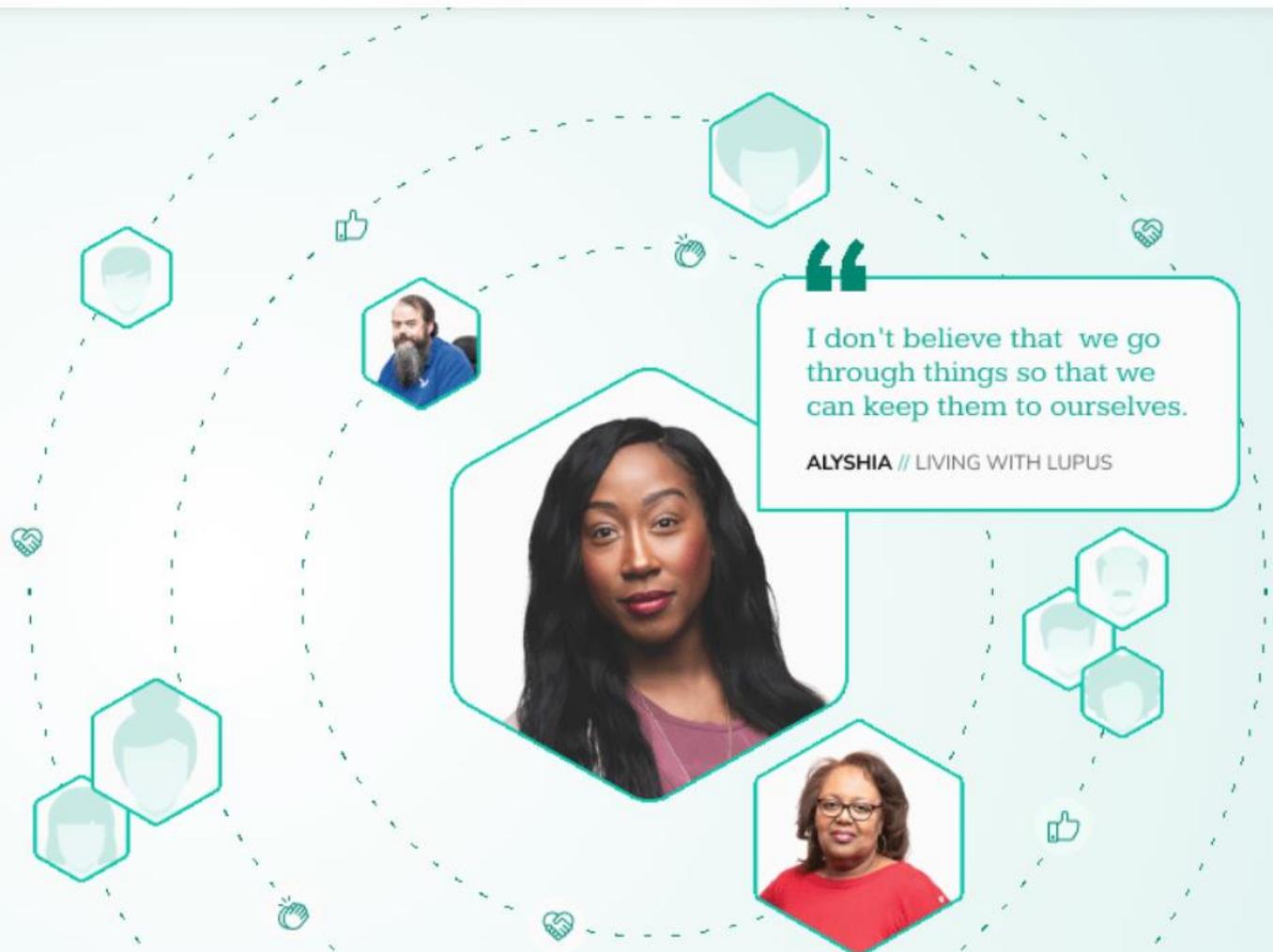
Artificial intelligence

How do I FILTER the quality of information?

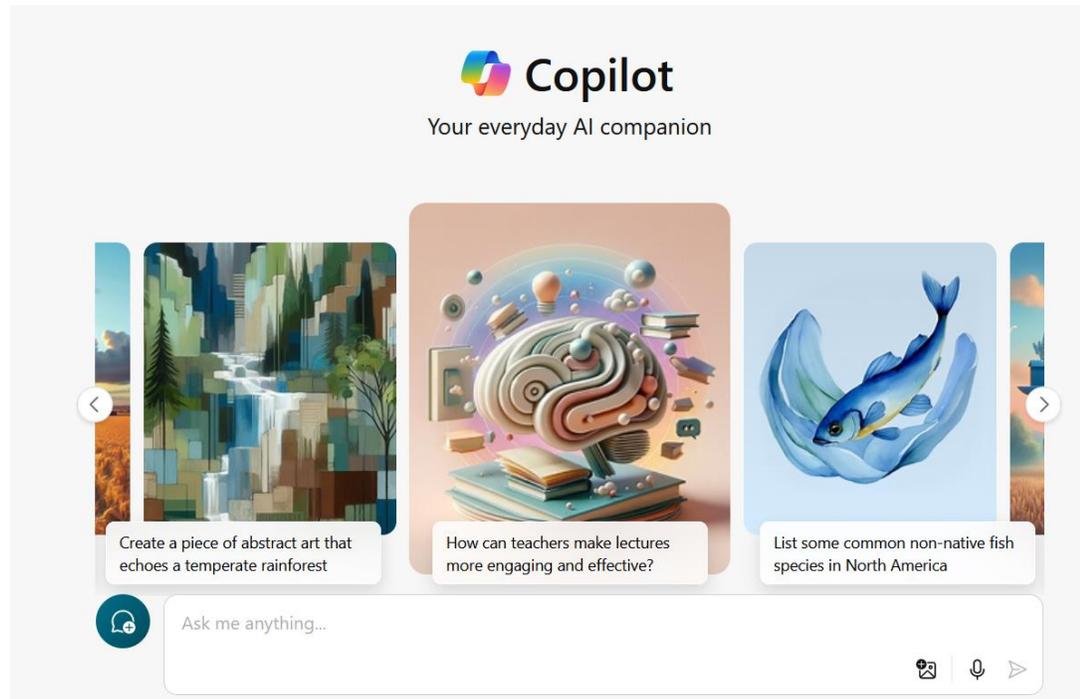
- Options
- Benefits
- Justification (experience and evidence)
- Potential risks
- Potential bias

Find Your Community. Find Your Strength.

Join over 850,000 members harnessing the power of their health insights through shared experience.



Have you tried AI yet?



“What are some cognitive behavioural therapy techniques for social anxiety?”

“What are the diet types to lose weight?”

“Australian made online courses for depression”

Know Thy Power (within and around you)

→ be empowered

Name of Test: HAEMOGLOBIN A1C, BLOOD
Requested: 30/11/2022 Collected: 21/02/2023 Reported: 22/02/2023
09:47

CUMULATIVE GLYCATED HAEMOGLOBIN

Date	23/08/22	25/11/22	21/02/23
Time	14:26	09:00	08:40
Lab No	71054594	70754966	71409450
HbA1c Fraction in SI units	11.0 97	6.1 43	5.8 % 40 mmol/mol

Note: Caution is needed in interpreting HbA1c results in the presence of conditions affecting red blood cell survival times, which may lead to either falsely high or falsely low HbA1c results.

HbA1c target levels - Aust Diab Society Position statement Sept 2009

- < 8.1% (<65)- type 1 or 2 DM associated with recurrent hypoglycaemia
- < 7.1% (<54)- GENERAL TARGET includes pregnant type 1 diabetics, long term type 2 and type 2 requiring insulin
- < 6.6% (<49)- recent type 2 DM requiring treatment other than metformin or insulin
- < 6.1% (<43)- recent type 2 DM requiring lifestyle +/- metformin only or pregnant type 2 DM

Health system evolution – needs to embrace clinical and lived experience

*“National reviews consistently agreed on the **same underlying challenges** and that new models of health care delivery and financing were required to address these challenges”*

- ‘Australian health services: too complex to navigate. A review of the national reviews of Australia’s health service arrangements, Mitchell Institute, 2019

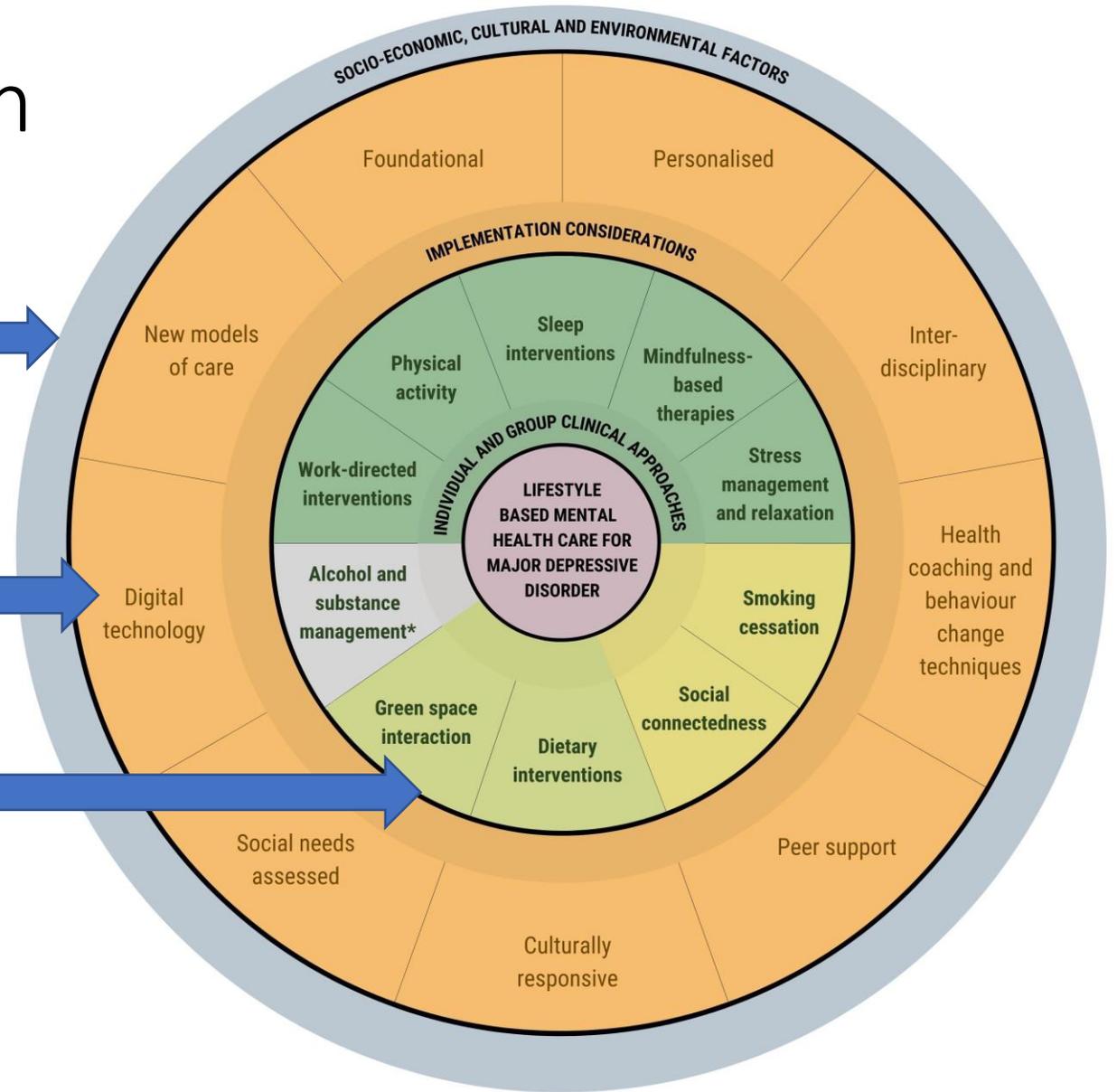
But where will the inspiration and exemplars come from?

Options for implementation at each level

Socio-political advocacy →

Micro-environments: Clinical and research models of care e.g. Collaborative practice, research →

Individual/group knowledge and skills e.g. PSW, SMAs →



Example: Altogether Better (UK)

[Home](#) [About us](#) [Collaborative Practice](#) [Programmes](#) [Can we help?](#) [Stories](#) [Resources](#) [News](#)



"I estimate that 40-55% of patients I see every week could be better supported by someone else – they don't need to see someone with five degrees."

- Dr Niall Macleod, GP, Exeter

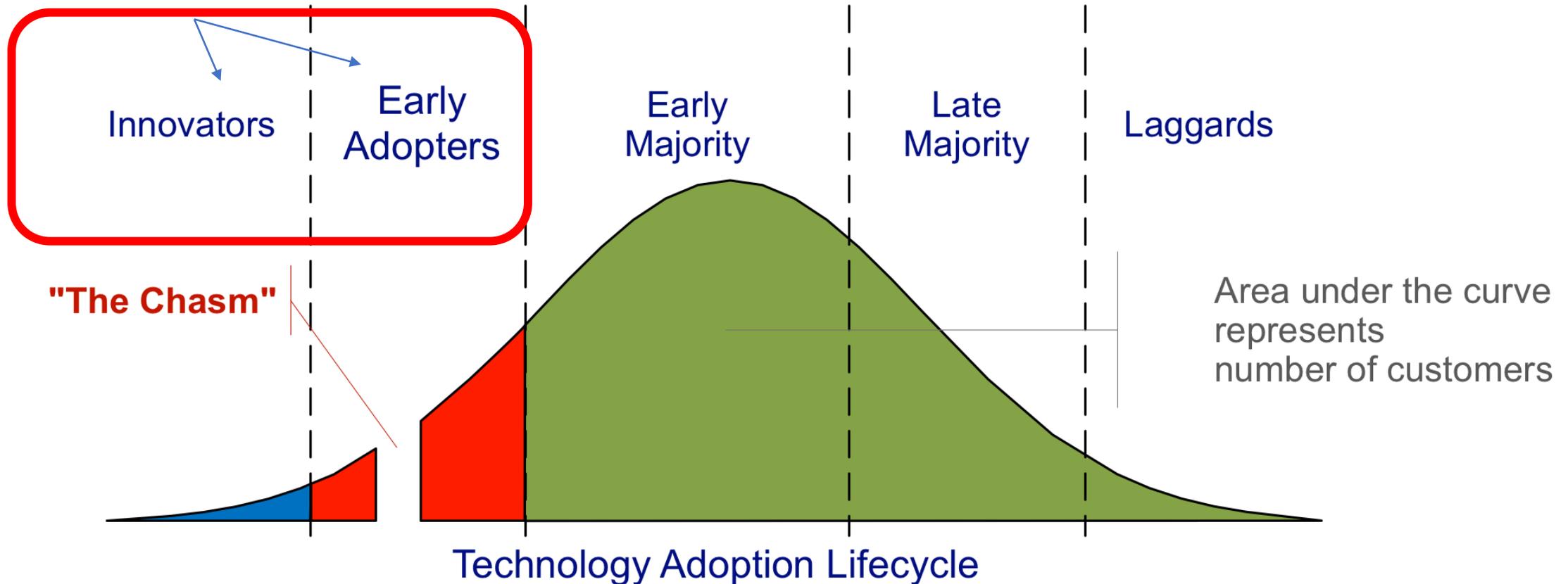
We are Altogether Better

We work with people in health and social care across the UK and beyond to develop Collaborative Practice, a new way of organising that makes life better for everybody.



Rogers' Diffusion of Innovations curve

Identify these!



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RACGP CPD Approved Activity

Educational Activities

15

hours

Reviewing Performance

04

hours

Measuring Outcomes

02

hours



Lifestyle Medicine

Graduate Certificate,
Graduate Diploma, Master



- All health professionals
- Awards also include Fellow of the Australasian Society of Lifestyle Medicine (FASLM), Accredited Health Coach, Graduate Certificate in Research, and PhD pathways*
- Online
- RPL accepted
- Commonwealth supported places
- Advanced clinical lifestyle medicine
- Wide range of research projects