What was known before your paper was published?

There are times when GPs are unclear about the cause of a patient’s symptoms. This can result in patients receiving an incorrect or delayed diagnosis (diagnostic error). The vast array of symptoms and conditions that a GP faces means that they are more at risk of experiencing “diagnostic uncertainty” than other medical professionals. For any professional, “not being sure” is stressful. In this case it will have a negative impact on the GP, the patients and the wider healthcare system. However, at the moment little is known about how GPs can be supported when facing diagnostic uncertainty.

We needed to find out what studies had already been done on diagnostic uncertainty in order to design some new methods of supporting GPs.

What did you do?

We performed a review of the published literature. We searched electronic databases, so that we could map out studies which have been carried out to try and understand which strategies, skills or characteristics are associated with, or used by, doctors working in general practice to manage diagnostic uncertainty. We also looked at whether there were already any existing educational, or other programmes designed to help GPs with the issue of diagnostic uncertainty.
What did you find?

In total, we found 10 studies. From these, we found that GPs’ reactions to diagnostic uncertainty can be categorised in 3 ways:

1) Ethical reactions - for example whether to tell their patients they are uncertain of the diagnosis they are making

2) Emotional reactions, such as stress and anxiety whilst feeling uncertain about the diagnosis they have made

3) Cognitive reactions such as becoming prone to taking mental short cuts.

The studies also found that the GP’s own personal characteristics appear to influence their ability to manage uncertainty. Only one study tested an educational programme that offered training to GPs to help in this area.

What insights/knowledge did you add?

We now know that there are few studies looking at GPs and diagnostic uncertainty. By mapping the studies that we found onto one or more of the 3 areas we identified above (ethical, emotional and/or cognitive) we can see where most work to date has been done and what else can be done. We are now able to suggest that this area, looking to help GPs manage diagnostic uncertainty, is ripe for more research and what direction that work might take.

Key messages are:

1) uncertainty is common and normal in medical practice
2) medical students, trainees and qualified doctors should expect to feel uncertain and be taught effective ways to manage it.