# A is for aphorism

## 'Nothing is sometimes a good remedy'

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We live in a different era of medicine than that of the great Hippocrates. Our patients are better informed, with ready access to a plethora of medical information, and enter the consultation with expectations of being offered therapies for all their ailments. But is it still true, over 2000 years after Hippocrates, that 'nothing is sometimes a good remedy'?

To investigate if Hippocrates was onto something, we each undertook a 'straw poll' in our respective university departments. While straw polls are not a commonly published methodology, our personal experience would suggest that this is the most common research method used by general practitioners in daily practice. Interestingly, a MEDLINE search for 'straw poll' resulted in five hits.

In our straw polls, staff members were asked to cite examples of where doing 'nothing' is a good remedy:

- routine single session individual psychological debriefing for the prevention of post-traumatic stress disorder after traumatic incidents[1]
- feeding tubes for advanced dementia patients[2]
- over-the-counter cough medicines for acute cough[3]
- antibiotics for the common cold and acute purulent rhinitis[4]
- routine episiotomy in vaginal births[5]
- flecainide in post-myocardial infarction patients[6] (perhaps the most famous example)
- abstinence-only teen sex education programs[7]
- eye patching for corneal abrasions[8]
- corticosteroids for tennis elbow.[9]

In all the examples, doing nothing (such as not patching an eye for a corneal abrasion) is the better remedy.

It seems the drive we feel to do something has influenced doctors to continue to use all types of treatments that do not work.[10] Sometimes knowing if treatments work is not always clear, but the risk of harm is minimal. For example, the evidence for the routine use of alcohol swabs before administration of intramuscular injections is weak, but a lack of evidence doesn't necessarily suggest a lack of effect, and the cost and risk of harm is small.[11]

Of course, if treatments and investigations can cause harm, then doing nothing can become a good remedy. Considering the examples listed, it is important to define explicitly what Hippocrates meant by 'nothing'.

Doing nothing would not involve ordering expensive tests or instituting active treatment. In deciding to do 'nothing', doctors will greet the patient, take a history, and perform an examination. 'Nothing' will also involve discussing with a patient what you think is going on, listening to their concerns and providing further explanation, reassurance and safety-netting advice. 'Nothing' is comprised of the therapeutic relationship we create in a consultation or across a series of consultations. Similarly, 'nothing' is the education, communication skills and any generic benefits that patients receive from simply visiting their GP. So when we think of it like this, 'nothing' is clearly 'something'.

However, with a growing list of clinical situations where doing nothing is proving superior to doing something, the challenge becomes one of deciding how to do nothing. How do we explain to patients we will do 'nothing'? Calling bronchitis a 'chest cold' improves patients' satisfaction when they don't receive antibiotics,[12] and doctors' understanding that patients want pain relief more so than antibiotics for sore throats[13] are two examples where, through skillful consultation, doctors can

practise the art of doing nothing. Here, the doctor is the treatment, and the clinician's reassuring thorough consultation is probably more effective than looking for investigations to do the same.[14]

Evidenced based medicine can help us champion new therapies, temper our use of existing ones, and help us to decide when to leave something behind and move forward. We let go of therapies where the harm outweighs the benefits, as doing nothing becomes superior. Doing nothing in the face of a child with acute viral cough, despite our in-built desire to do something, demonstrates simultaneously modern medicine's ineffectiveness for curing the common cold; the recognition that cough medications and mixtures simply do not work[3] and may be harmful;[15] and the ethical obligation to our patients to prescribe the correct treatment, even if that means not prescribing antibiotics or other therapies. Here, nothing, albeit not truly nothing, is not only a good remedy, but the best remedy.

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