Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by **Paul Hellyer**.

Charging for missed appointments

Fystro J R, Feiring E J. Mapping out the arguments for and against patient non-attendance fees in healthcare: an analysis of public consultation documents. *Med Ethics* 2023; **49:** 844–849.

The argument for and against the imposition of fines.
Recent studies show that patient non-attendance rates vary between 5% and 25%. Norway has a universal, tax-financed healthcare system and a standard non-attendance fee (currently €139) has been applied since 2009.

Since 2009, the Norwegian government has instigated five public consultations on non-attendance fees in healthcare. Reviewing comments from these consultations, it appears that such fees are broadly supported and accepted by the public. However, a number of objections were identified:

- There is little evidence that such fees are effective and do not act as a motivational tool – there may be other reasons for non-attendance, such as unforeseen personal crises
- In line with other studies, fees were considered resource-demanding to implement
- Socially vulnerable groups, with an increased risk of poor health, are likely to be unequally disadvantaged by non-attendance fees
- Due to the additional income, there is a perverse incentive for providers not to seek alternatives strategies to reduce non-attendance.

https://doi.org/10.1038/s41415-023-6721-9

How long does it take to treat a patient?

Bannister C, Cope A L, Karki A *et al.* Time to complete contemporary dental procedures – estimates from a cross-sectional survey of the dental team. *BMC Oral Health* 2023; DOI: 10.1186/s12903-023-03671-y.

Little change from BDA research in 1991.
Ninety-six dental care professionals in Wales working within the NHS responded to an online survey requesting estimates of time taken to provide a range of interventions, including time for patient arrival and departure, administration of local anaesthetic and the procedure itself.

Times taken for adult patients were broadly similar between dentists and DHTs, with the exception of a scale and polish when dentists took an average of 8.8 minutes and DHTs, 16.4 minutes. For children, DHTs took significantly longer time than dentists for all procedures. The reasons for this are not immediately apparent.

From these results, the delegation of treatments to DHTs may mean cost savings for employers. The case for delegating treatment of child patients is less apparent.

https://doi.org/10.1038/s41415-024-6732-1

Paying for a dental examination

van der Pol M, Boyers D, Marashdeh M M, Loria-Rebolledo L E. UK general population's willingness to pay for dental check-ups. *Community Dent Oral Epidemiol* 2023; DOI: 10.1111/cdoe.12911.

What monetary value do patients put on a check-up?
Using data from an online survey of the UK general population, participants were asked: 'What is the maximum amount of money you would be willing to pay out of pocket for a dental check-up?'

In contrast to the 2009 Adult Dental Health survey, 90.5% of respondents reported having a dental check-up within the last year. More than half of respondents preferred six-monthly check-ups. Ten respondents were willing to pay more than £100. Excluding the £100+ outliers and protest answers, the mean (95% confidence interval) amount respondents were willing to pay was £33.25 (£29.14–£33.90).

The data were collected in 2016 and the value placed on a dental check-up may have changed post-COVID. As 90% of the respondents reported a check-up in the past year, the individuals surveyed may place a higher value on dentistry than less regular attenders.

https://doi.org/10.1038/s41415-024-6731-2

Compassionate care = improved patient outcomes

Lains I, Johnson T J, Johnson M W. Compassionomics: The Science and Practice of Caring. *Am J Ophthalmol* 2023; **259:** 15–24.

Compassionate clinicians benefit as well.
Empathy recognises another's emotions. Compassion goes one step further and includes the additional desire to relieve distress and suffering. Research shows an increasing lack of compassion in healthcare, with barriers including busyness, victim blaming, and confusing compassion for a sign of weakness. Other factors include inefficient workflows, bureaucratic and regulatory burdens, and compensation based on productivity.

Compassionate encounters with healthcare practitioners are associated with enhanced parasympathetic activity, release of oxytocin, reducing inflammation and stress-mediated diseases, and modulating pain perception. Compassionate care builds trust with the caregiver and increases adherence to treatment plans, enhancing patient self-care.

Compassionate clinicians have lower odds of major errors and are more likely to be perceived by patients as competent. Compassionate actions promote resilience and an increased sense of personal accomplishment, while reducing the incidence of depression and burnout.

Compassion, rooted in empathy, benefits patients but is also a source of wellness and energy for the clinician.

https://doi.org/10.1038/s41415-024-6733-0