

The Murmur

Christmas Edition '23



Editorial

Having inherited the distinctive title of Editors of The Murmur from our lifelong Honorary Editor Mike, we are delighted to bring you the Christmas Edition 2023.

We have a variety of features for you to enjoy perusing at your leisure, ranging from historical pieces to the current NHS, and some light-hearted articles in between.

For the ST1's unaware, The Murmur is a Barnet VTS relic that has been producing editions for many epochs, educating and inspiring some of the brightest minds in General Practice today. It is written *by* Barnet VTS, *for* Barnet VTS, but unconfirmed rumours have placed this magazine as far away as Australia in recent years.

We welcome any suggestions for articles in future editions, and would love any contributions (in any field) from VTS participants, whatever your level or engagement.

If you have an idea, please let us know!

Wishing you all a wonderful festive period.

Merry Christmas. Happy Chanukah. Happy Diwali.

Simon McKenzie & Avi Korman
Editors, The Murmur



History Of Medicine

Spot The Difference – The Rod of Asclepius

Written by Avi Korman



Two world-renowned medical insignia, utilised by thousands of medical institutions globally. Very, very similar.

Interchangeable right?

Wrong!

The famous *Rod of Asclepius*, a single serpent coiled around a rod, is the predominant medical symbol in use by most professional institutions. This symbol/name originates with the Greek god *Asclepius*, the deity of healing and medicinal powers. Asclepius' most famous attributes, the snake and his staff, are combined in this classical image.

The exact source of these elements is debated, but many point to the Biblical story in which God told Moses to build a model serpent from copper and erect it high upon a staff.

The Israelites were suffering from a plague of fiery snakes that God had sent to punish them for gossiping about Moses; any of the Israelites bitten by a snake would cast his gaze upon the copper serpent and be healed.

(This copper serpent is mentioned one other time in the Bible, in the Book of Kings, where it was destroyed by King Hezekiah in the 8th century BCE, possibly because it was being worshipped as a healing deity in itself).

At the beginning of the 20th century, the US Army Medical Corps wanted to adopt the Rod of Asclepius as their insignia, however in error used the *Caduceus*, TWO serpents wrapped around a single winged staff. *Caduceus* is the traditional symbol of the Greek deity *Hermes*, classically associated with business, commerce and wealth! Unfortunately, this error was propagated throughout the 20th century and has subsequently become part of mainstream logo recognition, being used by many healthcare associations around the world.

Once you've seen the difference, you can never unsee it!



Statue of Asclepius, image courtesy of Sothebys



Statue of Hermes/Caduceus in the garden of Nymphenburg Palace. Source: Getty Images

Knowledge Corner

AKT Question, *written by Simon McKenzie*

A 64-year-old gentleman presents to you with a four-month history of feeling tired all the time, increased urinary frequency, weight loss, and thirst. His father and two siblings all have a diagnosis of Type 2 diabetes mellitus.

On examination, urinalysis show ++glucose but no ketones, and blood pressure is 130/81. Abdominal examination is unremarkable. His BMI is 31, and he does not drive. Bloods show an HbA1c of 58 mmol/mol.

Which of the following is an important part of the management of this patient with new-onset Type 2 Diabetes Mellitus in this age group as per NICE guidelines?

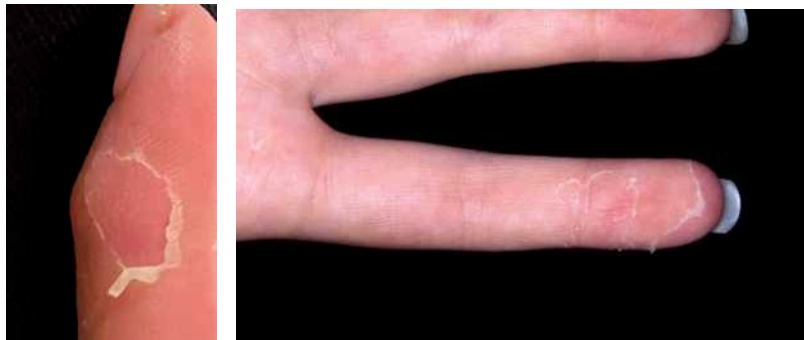
- 1) Refer patient to secondary care diabetic team for review of medications
- 2) Request a CT abdomen
- 3) Repeat HbA1c in three months to confirm diagnosis
- 4) Start Semaglutide as monotherapy for his diabetes
- 5) Issue blood sugar monitoring devices for home checks

(see later in the edition for answer, explanation and references)

Knowledge Bite, *written by Mike Wyndham*

Keratolysis Exfoliativa

This is a relatively uncommon condition, in my experience, that is also known as exfoliative keratolysis (say this to your patients and they will think that you're brilliant... which of course, you are). It seems to occur more often in the summer months. The localised peeling which is preceded by small blisters, may be followed by a collarette. The condition usually affects the palmar surface of the hands and the soles of the feet. Exposure to irritants may be a factor as well as sweating. Treatment is with emollients that contain urea and lactic acid.



©MTW

Ref: (1) [Peeling skin conditions \(pcds.org.uk\)](http://pcds.org.uk)

(2) [Exfoliative keratolysis \(keratolysis exfoliativa, focal palmar peeling\) | DermNet \(dermnetnz.org\)](http://dermnetnz.org)

Patient Access... A Thought

Written by Zora Bashir

It's here.

To most of us, the idea of full patient access instills a sense of dread. There is the potential for added stress in an already overloaded and overstretched job.

Truthfully, in my personal experience so far, I have not noticed any difference. Is this because very few patients are aware of the change?

The process does raise countless questions; including whether we change how we document as clinicians.

Perhaps this level of transparency could allow patients to understand our clinical rationale, and help them to remember important aspects of an agreed plan?

What about safeguarding cases & risks to victims of domestic abuse?

What about all the time that could be taken "correcting" notes when challenged by patients?

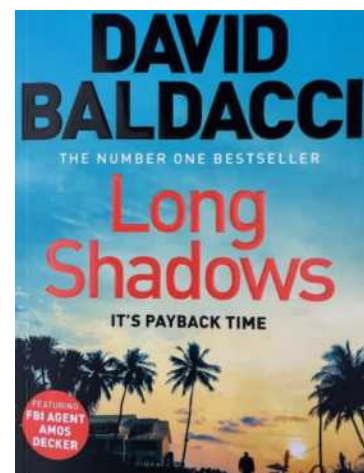
In an era of defensive medicine and fears over litigation, this may become another obstacle for delivering care.

For now, only time will tell.

The Long Shadows – David Baldacci (2022)

Book review, written by Mike Wyndham

David Baldacci is an author of at least 47 books for adults and has sold 150 million copies worldwide! This book is a thriller with Amos Decker as the lead detective. He carries significant emotional history from his past. He has a new partner, Frederica White, who also has her own difficulties to contend with. They are asked to solve the murder of Judge Julia Cummins. Two dead bodies in the same house but are the deaths connected. The story takes twists and turns and just when you think you have the solved the mystery....Baldacci keeps the suspense going throughout and I found it hard to put the book down!



(Please contact me if you would like to borrow the book)

Some Useful Dates...

AKT dates 2023-24

	Reservations close	Booking period	AKT test date	Results published* (all 17:00 hours)
AKT April 2024	18 February 2024 (reservations close 23:59)	28 February - 1 March 2024	24 April 2024	23 May 2024
AKT July 2024	19 May 2024 (reservations close 23:59)	29 - 31 May 2024	9 July 2024	8 August 2024

SCA dates 2023-24

	Reservations close	Booking period	SCA test date	Results published* (all 17:00 hours)
SCA March 2024	7 January 2024	15 January - 19 January 2024	5 March - 8 March 2024	28 March 2024
SCA April 2024	4 February 2024	12 February - 16 February 2024	2 April - 5 April 2024	25 April 2024
SCA May 2024	10 March 2024	18 March - 22 March 2024	8 May - 9 May 2024	30 May 2024
SCA June 2024	7 April 2024	15 April - 19 April 2024	4 June - 5 June 2024	27 June 2024

AKT Answer

Which of the following is an important part of the management of this patient with new-onset Type 2 Diabetes Mellitus in this age group as per NICE guidelines?

- 1) Refer patient to secondary care diabetic team for review of medications
- 2) Request a CT abdomen
- 3) Repeat HbA1c in three months to confirm diagnosis
- 4) Start Semaglutide as monotherapy for his diabetes
- 5) Issue blood sugar monitoring devices for home checks

The correct answer is 2) Request a CT abdomen

Explanation

This patient has a new diagnosis of T2DM on the basis of symptoms and blood tests. As the patient is over 60 with new onset diabetes and weight loss, they should be referred for urgent CT abdomen to exclude pancreatic cancer. The patient does not require referral to secondary care to start diabetic medications, they are symptomatic so only a single HbA1c is required to make the diagnosis, Semaglutide would not be a first line treatment, and one would not routinely give type 2 diabetes mellitus patients blood sugar monitoring devices as Hba1c monitoring is sufficient - an exception would be if the patient is started on a drug that can cause hypoglycaemia for instance.

NICE CKS Guidelines:

When should I refer a person with suspected pancreatic cancer?

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for pancreatic cancer if they are aged 40 and over and have jaundice (new NICE recommendation for 2015).

Consider an urgent direct access CT scan (to be performed within 2 weeks), or an urgent ultrasound scan if CT is not available, to assess for pancreatic cancer in people aged 60 and over with weight loss and any of the following:

Diarrhoea, back pain, abdominal pain, nausea, vomiting, constipation, new-onset diabetes (new NICE recommendation for 2015).

[Ref: Referral for suspected gastrointestinal tract \(upper\) cancer, https://cks.nice.org.uk/](https://cks.nice.org.uk/)

Thank you for reading this Christmas edition of The Murmur. Please let Avi or Simon know if you would like to contribute any articles to future Murmur editions 😊

Have a lovely break and see you all in the new year!