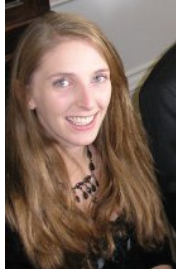




## Reviewers



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**Akshay Sharma** is a medical student at the Kasturba Medical College, Mangalore (Manipal University), India. He is currently an Intern and will be graduating in March 2010. He is involved in the Organizing Committee of the Medicon 2009 which is an Asian Medical Students Research Conference to be organized in Mangalore, India in June 2009. He is also the President of the Indian Forum for Medical Students' Research (INFORMER) and is closely associated with the Indian Medical Students Association (IMSA).



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## *Review*

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This paper is a fine example of a socially and medically relevant piece of research done by a young researcher with limited resources. This study highlights the fact that one does not need sophisticated gadgets and expensive resources to undertake a worthwhile contribution to clinical knowledge and, subsequently, society as a whole.

It is an interesting paper that provides insight into the symptoms that patients can present to pharmacists with, when requesting treatment for haemorrhoids, as well as the acceptability of the use of a questionnaire to investigate sensitive problems. The author appropriately highlights the difficulties presented by such cases, the lack of specificity of the symptoms of haemorrhoids and the sensitivity of the nature of the pathology. Whether pharmacists are the best people in the community pharmacy to screen such patients is controversial, however the author has adequately and appropriately discussed the need for this study.

This paper has been written well with good structure and adequate detail to enable the reader to understand exactly what happened and, in the majority of cases, why. The author has ensured flow throughout the paper, linking one idea to the other. It also contains commonly omitted information, such as details of ethical approval and data manipulation.

The methodology of this study was limited, by the admission of the author, because of the shortened format of the research tool. In reality, the full risk score may be required and the acceptability and response rate of a lengthened questionnaire could potentially be quite different. Another difficulty with the survey tool use was that it was validated on patients attending a specialist colorectal clinic. Such patients are unlikely to be representative of the population on which the survey tool was being used, by virtue of the pre-selected nature of patients in specialist clinics. The positive predictive value of the questionnaire will also not be the same due to the likely higher rates of serious pathology that would present to a specialist clinic. Thus, to truly validate the tool, it must be tested, scored and followed-up using patients presenting to their pharmacist, or at least their primary care physician.

Generalisability of the results may be reduced by virtue of the data being collected from a convenience sample. However, this information about how the study has been performed has been described well, thus making it easy to identify such drawbacks. The study reports a very reasonable response rate in its current form, thus its use as a pilot to inform a wider scale research project could be considered.

The author discusses the issue of symptom duration. Some of the patients presenting had had symptoms for over two years. However, there is no comment on the likelihood of



serious illness in such patients. In addition, there is no comment on the frequency with which symptoms occur. Is the risk of a significant disease highest in someone with a 3 year history of rectal bleeding once a fortnight or in another person with new daily rectal bleeding of 2 months duration? This is unclear and may require further explanation and/or investigation.

Despite the drawbacks mentioned above, the clinical implications are very significant. This article makes good foundations in indicating the need for pharmacists to have a high level of suspicion of serious illness when patients present with “symptoms of haemorrhoids”. This may be particularly true in countries in which pharmacists provide a significant source of primary care. In addition, the acceptability of such a risk-stratifying questionnaire has been highlighted among pharmacy customers. This could be generalised further in other studies to assess the acceptability of other “sensitive” conditions.

This paper has led to a number of further questions that could perhaps be researched in the future:

- Are pharmacists adequately educated and supported to detect serious illness and take on the role of a primary healthcare professional? This article highlights two papers that indicates that they do, however one was published in 1978 and thus may be of limited value now. A doctor, for example, would be unlikely to be satisfied about the cause of a patient’s symptoms based on history alone.
- This article highlights British pharmacist guideline, because no such document exists in Australia. Does guideline and protocol development need to be strengthened in countries in which pharmacists are utilised in this way, particularly those countries in which pharmacist advice is free and appointments with doctors involve a charge? This has to be viewed in the context of developing nations too, where an alert pharmacist could refer a potential cancer patient to a doctor who might be quite far away from the pharmacy. Here it could mean saving a life.
- Although pharmacists may know their role is to include referral to healthcare professionals as appropriate, do patients realise the limitations of pharmacists’ advice?
- Why did patients not wish to have their completed survey forwarded to their general practitioners if the pharmacist felt that a medical consultation was required? This applied to nearly a third of respondents, thus it is a significant question. There may be multiple reasons to explain this, perhaps one is because such an appointment would incur a charge in the country the study was performed.