

# Rosamund Snow: A year of patients' thoughts

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In January 2015 we launched [What Your Patient Is Thinking \(#WYPIT\)](#), a series entirely written and edited by patients and carers. Not many patients get a chance to express their views about aspects of their care—both good and bad—and the [aim of our series](#) is to let doctors find out what patients wish they could say out loud.

A year on, and we've touched on patient safety and unintended harm, drug addiction, psychosis, childhoods spent in hospital and how it feels to be the "heartsink patient."

*The BMJ* has featured patients' perspectives in articles and [blogs](#) for some time, but WYPITs are a groundbreaking part of our [Patient Partnership Strategy](#), because the patients set the learning objectives for doctors to earn CME points. They are intended to offer insights and practical advice for readers: *this is what you can do differently tomorrow as a result of reading what I have to say*. Sometimes, of course, the message is *these are the things you should keep on doing, please, because it really helps*.

The idea of patients influencing medical education, from teaching through to assessment, is not new. The GMC has been calling for patient involvement in admissions, teaching, curriculum-setting, and assessment of undergraduates since 2009. [1,2] We know that WYPITs can help in teaching medical students and other healthcare professionals as well as qualified doctors, because course tutors have contacted us to explain how they've used them. Individual health professionals have also told us what they think. Perhaps the most moving response came from a GP who emailed:

*"I think [the series] is brilliant. It has already caused me to reflect more critically (and wincingly ) on my personal work practice than any recent stats papers or guidelines I have read [...] and will genuinely change my practice."*

Of course, not everyone agrees with what our patient authors say, and we don't expect them to, particularly when they challenge the ways doctors have been taught to think in the past. These are some of the intended good consequences—changing attitudes towards patient expertise, sparking debate. In its first year, "[Why there's no point telling me to lose weight](#)" has been downloaded 64,000 times and garnered five pages of [rapid responses](#) within weeks. Patients read these as well; there are [lay blogs](#) and [twitter discussions](#) about the medical responses which are available to all and worthwhile reading.

There have been some outcomes we didn't expect, too. After we published "[How can I help you hear,](#)" a campaign to encourage healthcare professionals to ask that question of deaf patients was adopted for [NHS Change Day](#). Patients tell us they have seen articles (which are open access and tweeted each month) and printed them out to take to appointments, to aid communication with their doctors. Some authors, after writing for us, have been asked if they would contribute to curriculum setting and teaching in their local medical schools. The patients we have worked with so far have written from a hospice, from rehab, even agreeing final edits from a hospital bed, and tell us how powerful it can feel to turn both good and bad experiences into something others can learn from.

We have a range of topics in the pipeline for 2016—some controversial, some moving, some practical. We are committed to getting patients' voices included in *The BMJ* through this series and other educational material and we welcome your ideas for how best to do this, and what you would like to see next.

*Rosamund Snow, patient editor, The BMJ.* Twitter: [@BMJPatientEd](#).

**Competing interests:** See [Rosamund's editorial staff page](#).

**References:**

1. GMC. Tomorrow's Doctors. London: General Medical Council, 2009.
2. GMC. Patient and public involvement in undergraduate medical education. London: General Medical Council, 2009.