patients now self-diagnose at the click of a mouse. I’m sure if I were to cobble together enough symptoms, start my search engine and wait breathlessly – oh, that could be another symptom – I’d probably be reassured, but still have a nagging worry that something clinically significant may have been missed.

The extent of online medical resources available to the public is vast, but the quality of the information provided varies from the potentially lifesaving to websites serving as mouthpieces for their own agendas and commercial interests. Sadly, the latter may have very little to do with robust clinical evidence, so how can we help patients to evaluate these sources?

Our consultation models rightly encourage us to explore each patient’s ideas, concerns and expectations. But I sometimes long for the old days, when patients would say “I brought you this,” meaning something as easily dealt with as a urine sample. Now, the very same phrase is usually accompanied by a flourish of two dozen pages of closely typed A4, for which I thank my patients through gritted teeth. Worse still, some have been known to ask me innumerable questions, adding their parting shot: “Thanks. That’s exactly what NHS Direct said.”

One galling issue with even the most informative, evidence-based site is that it can hypothetically wash its hands of accountability in a “this site does not claim to be a substitute for clinical judgement” sort of way. Naturally, if things should go wrong, it is hoped patients will politely refrain from suing – which is also why symptom-checking sites often suggest patients make an appointment with a clinician instead of offering blanket reassurance. This, in itself, generates the rabbit-in-headlights factor: “There must be something seriously wrong if the website has told me I need an appointment.” Many of my consultations begin with the patient’s opening gambit of “I hope you don’t mind, but I have looked this up and I probably need a blood test for…”

Of course, patients should not feel sheepish about having consulted reputable websites – that is what empowerment and autonomy are all about. And, thankfully, we are able to direct patients to some useful ones that offer up-to-date patient information leaflets. These are particularly beneficial now we are seeing more patients with long-term conditions.

However, there is a danger that when the public is bombarded with medical advice, the concept of the well-informed patient often becomes the first casualty of the very sources that are supposed to promote empowerment and the ability to self-care. Too much information can cause confusion. How many times, for instance, have patients told us that having some cholesterol in their bloodstream is very bad or that statins are dangerous? It could be that we are setting ourselves up for a climate of learnt helplessness, in which patients “know” everything but understand next to nothing. NT

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Some 25 years ago people with chronic leg ulcers were faced with daily dressings from a district nurse. Advances in our understanding and bandaging techniques mean many ulcers can now heal but the battle has not been fully won. The article on page 14 shows that factors such as age, co-morbidities and obesity are major challenges; nurses need robust research, education and training, as well as dedicated services to help them provide optimal care.

Nurses have various wound care products at their disposal but complex wounds often demand more than one solution. The case study on page 24 shows how knowledge and skills from stoma care, together with wound care expertise, improved the quality of life of a patient with a colocutaneous fistula. Finding a solution for complex wounds can take time but by sharing knowledge and working together specialists can improve outcomes for patients.