

Is auscultation really better than echocardiography?

In a recent letter to the editor on the role of auscultation and echocardiography, “Point-of-care ultrasound: It’s no replacement for the stethoscope” (*J Fam Pract.* 2016;65:734), Dr. Fredricks claimed that “doppler ultrasound is not as precise as the stethoscope when used by a practiced listener for identifying the source and subtle characteristics of murmurs.” His citation for this claim was a review article from more than 20 years ago that offered no evidence in support of the superiority of auscultation over echocardiography to characterize murmurs.¹ The review did acknowledge the limitations and variability between examiners.

The notion that physical examination is superior to echocardiography is appealing, but likely incorrect. A study of medical students with basic training in echocardiography showed that they were able to characterize murmurs more accurately with point-of-care ultrasound than experienced cardiologists auscultating the murmur.²

The existence of a better test does not obviate the role of the physical examination, but it does highlight the need to understand its limits. Like an ultrasound study, physical examination maneuvers are tests, with sensitivities and specificities. We should approach them as such, and not romanticize their performance.

David Mackenzie, MD
Portland, Me

1. Tavel ME. Cardiac auscultation. A glorious past—but does it have a future? *Circulation.* 1996;93:1250-1253.

2. Kobal SL, Trento L, Baharami S, et al. Comparison of effectiveness of hand-carried ultrasound to bedside cardiovascular physical examination. *Am J Cardiol.* 2005;96:1002-1006.

Screen for bullying—but know what to do next

I read the article, “What family physicians can do to combat bullying” (*J Fam Pract.* 2017;66:82-89) and Dr. Hickner’s editorial, “It’s time to screen for bullying” (*J Fam Pract.* 2017;66:66) with great interest. I’m a bullying prevention researcher and the creator of



a new bullying prevention program, CirclePoint, which is being piloted in Boston Public Schools. I’m also a featured speaker on bullying in the Massachusetts General Hospital’s life skills after-school program that runs in a dozen area schools.

My work in schools has taught me that as important as it is to identify bullying problems, it is equally important for doctors to know how to counsel patients and caregivers on how to resolve these problems.

Identifying bullying without providing further guidance can actually do more harm than good, both to the child’s health and to the child-physician relationship.

Children often don’t tell adults they are being bullied because the actions that adults take—while well-intended—can sometimes make the situation worse. Further, some caregivers may actually blame the child for being bullied. And a doctor who simply identifies the problem and leaves the next steps to an ill-informed caregiver may lose the patient’s trust.

Also worth noting: Some children who are bullied may not have a clear understanding of what the term “bullying” means. I strongly suggest asking patients about how others are treating them and if anyone is making them upset. Questions about behaviors and feelings are more effective at identifying a bullying problem than questions that use the term “bullying.”

Our program has a free resource that was developed for educators, but can easily be used by physicians to counsel patients and caregivers. It’s designed to convey recommended actions for both the student and caregiver in a matter of minutes.

Doctors who identify a bullying problem bear a responsibility to counsel both the patient and caregiver(s) on what bullying is, why it happens, and, most critically, recommended actions to take to effectively resolve the problem.

Ari Magnusson
Charlestown, Mass

➤ Identifying a bullying problem without providing further guidance can actually do more harm than good.