

## The public knows little about urology: How important is this?

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Until recently, my mother thought I was a neurologist. It must be because urology and neurology rhyme. Should this worry me? Should I be concerned that according to a recent paper by Gagnon and colleagues,<sup>1</sup> many of our potential patients either do not understand or misunderstand urology?

The authors conducted a study among the public to assess their knowledge of urology. The authors found that most respondents knew little about urology and were not sure which organs urologists deal with. In comparing Quebec and Vermont, there appeared to be no cultural or regional differences between knowledge. What are the negative implications of these findings? The authors conclude that we should spend time and money on a public relations campaign to educate the public about urology and about what urologists do. The authors believe that patients with more knowledge about urology would be urged to consult a urologist earlier rather than later, when it may be too late to intervene.

While I agree with the spirit behind this idea, I do think that patients should be consulting with their primary care physicians earlier as opposed to going directly to urologists. In the Canadian health-care system, it is infinitely more important that our referring physicians understand our role in the assessment and treatment of urologic diseases. It would have been interesting to see what 150 primary care physicians knew about urologists. Where I practise, it is not unusual to have patients simultaneously referred to a nephrologist and a urologist for the assessment of microscopic hematuria. The difference in our workups is dramatic and a primary care physician would need to have a clear and thorough understanding of urology to better assess and refer these patients.

In my opinion, contrary to the authors', public knowledge of what we do is unlikely to improve the delivery of

urologic care; it could hinder it. For example, publicity regarding our expertise on penile health might encourage patients to bypass their primary care physicians to see the "expert." Most penile issues can be (and should be) dealt with outside of our packed offices. Providing succinct, accurate disease information and improving primary care access to our offices would have a positive impact. We should discourage self-referrals as should our "private" American colleagues.

Urologists, through their professional associations and cooperation with industry, have done an excellent job in compiling useful information on most urologic conditions (one notable example of this is the CUA's patient information brochures). Any money available for education should be spent on these endeavours, as opposed to advertisements in the lay press. Once diagnosed, patients with genitourinary issues have little difficulty finding an appropriate website or resources that will educate them on their particular problem. These ancillary resources streamline care and help all of us produce better outcomes.

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### Reference

1. Gagnon LO, Simard A, Tu LM. Knowledge about urology in the general population: alarming results. *Can Urol Assoc J* 2009;3:388-91.

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