

Reluctance of general practitioners to refer gross hematuria patients to urology

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The authors have published a confirmatory study evaluating actual practice patterns among general practitioners (GPs) in Quebec, Canada regarding hematuria and correlated the results with clinical guidelines and public service recommendations.¹ While nearly 50% of all GPs performed screening urine analysis on their patients, incredibly less than two-thirds of men with gross hematuria and less than half of women with microscopic hematuria were recommended to be referred to urology. The authors remark that their findings were quite similar to ours² in the United States despite the fact that Canada has a universal health care system while most American physicians practice in a fee-for-service model.

While screening for microscopic hematuria is currently neither recommended in the U.S. nor Canada—secondary to the low yield and high false-positive rate requiring an expensive and invasive work-up—it is unclear why these authors have found a reluctance to refer patients to urology. Possibly a universal health care system with few specialists can explain some of the hesitancy; however, it doesn't explain our similar findings in the United States. A lack of awareness of the potential seriousness of hematuria is another explanation suggested by the authors, but, in their study most GPs were aware of the relationship between hematuria and bladder cancer.

Perhaps, GPs are simply reluctant to see their patients undergo an extensive work-up—as suggested by the AUA guidelines on hematuria—where statistically few significant

pathologic findings will be identified. Maybe future guidelines should encourage primary care physicians to initiate basic work-ups themselves on asymptomatic patients (e.g., with voided urine cytology and renal sonograms) with close follow-up. Only for those with abnormalities on their basic work-ups or for those with persistent signs and symptoms of abnormalities should a urologic referral be made. While twenty-first century urology has been able to offer bladder cancer patients significant improvements in care for both muscle- and non-muscle-invasive disease alike, unless urologists are able to evaluate and treat the patients in a timely fashion, patients will continue to suffer from poorer outcomes than would be hoped for.

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