

General Practitioners Always Refer Their Patients to “dr. Macguffin”: Conceptualization of Referral in General Medicine

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Abstract

This article presents a personal viewpoint proposing that the general practitioner's referral to a hospital specialist must be considered conceptually as "MacGuffin." Film director Alfred Hitchcock popularized both the term "MacGuffin" and the technique, which designates a plot device that motivates the characters and the development of a story, but which is actually irrelevant in itself. A *MacGuffin* functions simply as a plot element that captures the viewer's attention or drives the narrative of a work of fiction. By conceptually considering the General Practitioner's referral to a hospital specialist as a *MacGuffin*, referral becomes a relational and management tool that fosters patient trust, while continuity of care remains the primary care physician's responsibility. Referral as a "MacGuffin" (the seemingly insignificant element that drives the plot) means that the technical objective of the referral (the consultation itself) is secondary; the essential element is not just the referral to the specialist, but the shared decision-making process. Referral to a specialist is not so much a system for facilitating diagnosis and biomedical treatment, but rather a tool for shaping the doctor-patient relationship. This perspective defines medical referral not as the end of the care process or as a mere bureaucratic formality, but as a strategic tool—a "MacGuffin," in cinematic terms—that serves to strengthen the relationship between the family doctor and the patient, ensuring continuity of care.

Kew Words: referral and consultation; general practice; practice patterns, physicians; interprofessional relations; secondary care; continuity of care in primary health systems; doctor-patient relationships

Introduction

There is a general trend in healthcare systems toward mandatory electronic referrals, after which the specialist decides whether to offer the patient an appointment. This situation raises several interesting questions about referrals from general practitioners (GP) to hospital specialists [1]. The fundamental problem with this situation probably lies in the misinterpretation of the concept of referral in general practice. During medical school, little is taught about the mechanics of effectively referring patients through the healthcare system, nor about positioning oneself as a specialist within the system to obtain adequate access to appropriate patients [2]. GPs' referral of patients to specialists cannot be explained in biomedical terms alone. It seems necessary to take into account the fact that referral is a sensitive topic for GP, involving emotionally charged interactions and relationships with patients, colleagues, specialists, and supervisors [3]. Certainly, what GPs—and patients—fear is that we will lose the right to refer. And it is true that there are many reasons to refer a patient. Referral is a more complex medical act than it appears when trying to understand its underlying

causes. Hospital specialists always have reasons to categorize referrals as inappropriate [4]. But, there's no such thing as an unnecessary referral [5].

A key focus in recent studies is the justification for referrals. Research suggests that the vast majority (over 90%) of referrals are justified, even though overall rates vary [6]. The concept of inappropriate referral held by primary care physicians includes meanings beyond simply referring a health problem what can be resolved [7]. It is also unclear whether lower referral rates reflect a lack of service provision or less overuse of hospital services [8]. There is wide variation in referral rates (sometimes up to tenfold) among GPs, driven by factors such as population demographics, patient expectations, GP experience, and local capacity, rather than solely clinical quality. There is considerable heterogeneity not only in the threshold for referral but also in which physicians will receive referrals [2].

It has not yet been demonstrated that referring more or less implies better or worse quality of practice in primary health care. This assertion is supported by research indicating that referral rates are influenced by a complex, varied,

and often unproven set of factors, rather than solely by clinical quality. While policymakers often view high referral rates as inefficient and low rates as potentially risky, evidence suggests that the appropriateness of the referral is more critical than the volume [9, 10].

Higher referral rates can sometimes indicate proactive, high-quality practice, such as that of a GP with a particular interest in identifying more complex or rare conditions. Conversely, lower rates do not always indicate better care; they could be due to a lack of access to specialists. Reducing unnecessary care has been proposed to prevent harm and lower costs, but studies show that attempting to force lower referral rates can increase patient risks as well as reduce them. Research suggests that, rather than focusing solely on reducing or increasing the number of referrals, it is more effective to focus on improving the quality of the referral itself—specifically, ensuring that it is appropriate, necessary, and well-documented [11]. In this context, a different approach to referral from GP to hospital specialist is proposed, which proves to be more beneficial for the patient, the GP, and the healthcare system.

Methodology

This article that is a personal viewpoint; it aims to reflect on, conceptualize, and propose, based on a selected narrative review and the author's experience, the true meaning of referral from the GP to the hospital specialist.

Discussion

I propose understanding and conceptualizing derivation as a "MacGuffin ." The film director and producer Alfred Hitchcock popularized both the term "MacGuffin" and the technique, with his films "Number Seventeen" (1932) and "The 39 Steps" (1935) being early examples of the concept [12]. This is an expression coined by Alfred Hitchcock that designates a plot device that motivates the characters and the development of a story, and which in reality lacks relevance in itself. A MacGuffin simply functions as a plot element that captures the viewer's attention or drives the plot of a work of fiction. The word comes from this story: "Two men are on a train and one of them says to the other, "What's that package in the luggage compartment above your head?" The other replies, "Ah, that's a McGuffin." The first man insists: "What's a McGuffin?" and his traveling companion replies: "A MacGuffin is a device for hunting lions in Scotland." "But there aren't any lions in Scotland," the first man retorts. "Then that thing over there isn't a MacGuffin," the other responds [13].

Hitchcock once described the MacGuffin as: "The device, the gimmick, if you will, or the papers the spies are after... The only thing that really matters is that in the picture the plans, documents, or secrets must seem to be of vital importance to the characters. To me, the narrator, they're of no importance whatsoever" [14]. Hitchcock sometimes joked that "in the studio we have a certain MacGuffin who is the element that takes care of all the dirty work of the plot" [13] giving it a personality of its own. To paraphrase Hitchcock, we could say that "in general medicine we have a hospital specialist, a certain Dr. MacGuffin, who takes care of all the dirty work of healthcare." Referral as a "MacGuffin" (the seemingly insignificant element that drives the plot) means that the technical objective of the referral (the consultation itself) is secondary. The essential element is not just referring the patient to a specialist, but the shared decision-making process. The referral acts as a bridge that activates specialized care without severing the link with primary care. The patient perceives that their GP is concerned with finding the best option, while maintaining responsibility for their overall health. Even after the patient is referred, the GP continues follow-up, integrating specialist

reports for consistent, long-term care. The referral, managed as a "MacGuffin," prevents the patient from feeling abandoned or disoriented within the system, ensuring timely communication and information exchange [15, 16].

By understanding referral as a MacGuffin, we redefine the role of the primary care physician. In this framework, the referral is not the "end" of the process, but rather the catalyst that allows us to delve deeper into the patient's life story. The referral is a narrative engine. Referral becomes a relational and management tool that fosters patient trust and confidence [17]. Referral to a specialist is not so much a system for facilitating biomedical diagnosis and treatment, but rather a tool for shaping the doctor-patient relationship: The type of doctor-patient relationship creates a context for intervention. The doctor-patient relationship is a diagnostic and treatment tool. It is not merely a means to an end, but a central therapeutic component and an intervention tool in itself. It is important to remember that the most frequently used medicine by primary care physicians is the doctor themselves [18-23].

If we accept that referral is a MacGuffin, the focus shifts from the specific pathology to the patient's journey: it is a pretext for listening. Sometimes, the referral request is the "Trojan horse" that the patient uses to express fears or uncertainties that they cannot verbalize otherwise. It reinforces trust: when referring, the GP does not disengage, but acts as an expert guide who decides when it is necessary to incorporate additional support staff, always maintaining control of the patient's evolution (continuous care). Being aware of the "MacGuffin" in the patient's medical record and carefully crafting it to meet their needs can improve the natural course of illness/health, strengthen patient motivation, and increase the impact of medical intervention. This scenario highlights the role of "Continuing Care." When the referral itself is something secondary (when it is a MacGuffin), longitudinality shines through. A physician who understands their patient's social, family, and emotional context can use that consultation to: 1) Filter out the noise: Interpret what the specialist says in the patient's language; 2) Manage expectations: Prevent the patient from placing unrealistic hopes on a diagnostic test; and 3) Maintain continuity of care: Ensure that, whatever happens in the hospital, the patient always has a safe place to return to. Thus, the family physician/GP is not the one who knows everything, but rather the one who knows the person who has everything [24-31].

The referral, considered as a MacGuffin, facilitates the return to the center: the specialist provides the specific technique or diagnosis, but it is the family physician who integrates that information into the patient's life, giving meaning or context to the "return" of the consultation; translating the specialist's response into something meaningful for the patient. One cannot be an expert in all areas of medicine, so the role of the GP is often to seek things out or ask a specialist and then contextualize the specialist's response for the patient within their situation [32]. In other words, the patient's journey begins and ends with the GP [33]. This perspective helps combat professional burnout, transforming a sometimes frustrating bureaucratic act -referral- into a clinical act full of symbolic meaning. Understanding the referral from the GP not only as an administrative act, but as a key relational element between doctor and patient, is an effective strategy for preventing professional exhaustion by fostering a relationship of trust, continuity, and person-centered care [34].

Referrals are often perceived as a "loss of control" or a therapeutic failure. Understanding them as a relational element allows them to be reinterpreted as an act of shared care, where the family doctor/GP remains the central figure in the care process, ensuring the patient receives the best possible care

at the right time, thus reducing the emotional burden and maintaining a sense of absolute responsibility.

This strengthens the bond and builds trust. A well-managed referral, explained and perceived by the patient as part of their care process (and not as a mere consultation), reinforces trust in the family doctor. When the patient feels their doctor cares about their overall well-being and guides them appropriately to the specialist, the relationship is strengthened, reducing frustration for both parties. This concept of referral as a MacGuffin also helps physicians manage the "difficult patient" or complex case: Family physicians/GPs often face cases with a complex psychosocial burden that generate high anxiety and a risk of burnout. Referral, viewed as a relational support tool, helps to share the patient's complexity, alleviating the feelings of emotional exhaustion and depersonalization characteristic of burnout. Studies indicate that meaningful relationships with patients protect against burnout. By approaching referral as a proactive action, physicians maintain their sense of purpose and professionalism, avoiding depersonalization and the abandonment of personal fulfillment. Furthermore, it achieves a reduction in administrative and clinical stress: Although high referral rates can be a symptom of burnout, strategic and well-communicated referrals help to better manage time and patient expectations, thus reducing the pressure on healthcare services [35].

A warm handoff between physicians in a referral relationship reinforces the patient's trust in our judgment, helps build the patient's relationship with the referring physician, and sets the stage for more effective care [36]. The best predictors of a completed referral are a long-standing relationship with the primary care physician (37). Increased continuity of care decreases referral to specialist care [38].

And what happens if the specialist rejects the referral? Is it possible to do general medicine without referrals? Is it possible to write a story, even a mystery story, without a MacGuffin? Hitchcock once responded: "Certainly. It's possible to build a two-masted schooner without a keel, but the ship will be much harder to sail and may be prone to rolling over unexpectedly. Furthermore, even if the MacGuffin is never brought on stage, the odds are that it's there, hovering around just out of sight, directing the actions of the main characters and snickering in the wings." [14].

In summary, conceptually considering the GP referral to a hospital specialist as a MacGuffin is beneficial for primary health care (TABLE 1). The referral becomes a relational and management tool that fosters patient trust, while continuity of care remains the responsibility of the primary care physician. The interface between primary and specialist care is complex, but specialist care is embedded within (is a subsystem of) primary health care, and the key element of diagnosis and treatment is GP-patient relationship. The referral to a specialist is not so much a system to facilitate biomedical diagnosis and treatment, but rather a tool to shape the doctor-patient relationship. This perspective defines the medical referral not as the end of the care process or as a mere bureaucratic formality, but as a strategic tool—a "MacGuffin," in cinematic terms—that serves to strengthen the relationship between the family physician/GP and the patient, guaranteeing continuity of care. Viewing referrals as a relational extension of care—and not simply as a bureaucratic process—helps physicians maintain emotional balance, feeling supported by the healthcare network and maintaining a human connection with the patient. The patient's journey begins and ends with the primary care physician.

Element	Referral as a Procedure	Referral as a MacGuffin
Objetivo	"Getting rid of" the problem or complying with protocol	Strengthening the therapeutic alliance
Role of the General Practitioner	Administrative / Referrer.	Uncertainty manager and companion.
Outcome	Fragmentation of care	Continuity of care and a holistic vision
Patient	A number on a waiting list	The protagonist of a coordinated story

Table 1: Benefits Of Conceptualizing And Focusing On Referral As A Macguffin Versus As A Bureaucratic Procedure

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