One patient, one achievable objective and one message

Please turn to page 155 of the Standard Treatment Guidelines and Essential Medicines List (the Green Book in all our primary healthcare clinics). It is an excellent book issued by the Department of Health and I applaud the work that has been put into it.

You are now in the section on type 2 diabetes and the guidelines on dietary advice. Go down to paragraph two and you will read that you should advise the patient with diabetes to restrict the intake of "caviar, fish roe, calamari, prawns…" Well, I do not know about you chaps up in Ingwavuma or down in Qumbu, but here, in the Imbalenhle location, our patients are accustomed, after a hard day, to settle down to a dry or medium cream sherry and some Beluga caviar on some Jacobs Wafer Biscuits. This is, as you know, so often followed by paella Provençal of calamari and prawns accompanied by some chilled Sauvignon Blanc. I am worried that if I ask them to restrict these simple pleasures, I might just lose a tad of credibility?

Health education is one of those domains where I find it is very difficult to give prescriptive advice. As the literature keeps on telling us that patients only retain about half the information we tell them I have now reduced information giving to one or two messages per consultation. I still find this difficult to control and keep on adding more bits in a compulsive sort of way: "… and you should take more exercise…and get more sleep…"

So I have developed some power questions. This is obviously context driven as patients arrive at the Imbalenhle clinic from 05h00 in the morning and then in droves later on, and may not be seen until 16h00, so consultation times are very limited.

For an obese diabetic I ask one or two power questions only. "How many teaspoons of sugar do you take in your coffee/tea?" If the response is negative then I ask "how many cool drinks (Coke etc.) do you drink a day?" I ask them in this order and never get on to the calamari.

It is surprising how many reply that they take three teaspoons of sugar per cup (these are the truthful ones). Now this is not as simple as it may seem. This is a quick source of energy for working people and they look forward to the "high." This also involves issues of economy, sociology and culture. So to reduce this intake of sugar may be as difficult as getting a patient off nicotine or a benzodiazepine. Our instructions for reducing benzodiazepine addiction are 10% per week for six months so this is not a quick business.

I then ask the next power question. "Do you think you could reduce it from three to two teaspoons?"

I have timed this conversation with questions and answers and it takes about 17 seconds.

"Shall we give it a try and I will see you in a month," takes another few seconds and they are out of the door. Next patient, please.

I have often found that when the patients hold firm to one objective in their lives, however small, then others seem to fall into place in their wake.

One patient, one relevant achievable objective and one message.

Dr Chris Ellis
Family Physician, Pietermaritzburg, KwaZulu-Natal
e-mail: cristobalellis@gmail.com