

Teaching Old Docs New Tricks

You are a general practitioner in your mid forties and have been in practice for fifteen years in a rural area of South Africa. You have attended some congresses but the work load of your practice and bringing up your family have left you with a need to update your knowledge. You decide to sit one of the postgraduate exams in family medicine. You have written the papers and now go for the oral examinations. The examiner explains that a revolution has occurred in family practice theory since you qualified and asks you the following question:

Question: *Can you give me an example of the way a "patient-centred approach" has helped you and a patient in your practice?*

Answer: You've always felt this patient-centred care thing was a lot of academic clap-trap. You're a busy GP with a lot of clinical work to do and you feel you do not have the time to indulge in these theoretical ideas thought up by academics.

You decide in your wisdom that this may not be the time to express these feelings.

You do remember consultations in the past when you have "reached" the patient and had the satisfaction of knowing that you were about to cut them short but instead you had "allowed them in".

A black woman of about 60 years of age came to see you during a busy clinic. She complained of headaches, pain across her shoulders some epigastric pains and muscle pains "all over the body, doctor". You had heard this complex of symptoms so many times before.

You went into your medical routine and found an obese, woman with slightly tender shoulder muscles, BP 140/90, normal respiratory and

cardiovascular systems and a stiffness of the spine.

You had followed the traditional routine of question and answer to reach a medical diagnosis of osteoarthritis and were reaching for the prescription pad to prescribe anti-inflammatories and analgesics.

You were about to end the encounter at this point. You had followed your medical agenda and the waiting room was full.

But on this occasion you had opened up the consultation after she had said that "life is very difficult these days". Usually you reply "yes, it is, isn't it" and carry on in a rush towards the diagnosis. This time you "allowed her in" by replying in an open or facilitating way.

She explained that she was a teacher with five children and had been divorced for six years. She was the wage owner and had brought all her children up herself and had now to support her husband, who had returned as a drunkard.

Suddenly this had changed from "another case of osteoarthritis" into a communicating doctor-patient relationship.

Question: *And how did it help you and the patient?*

Answer: You explain how this helped both you and the patient.

Question: *Do you believe that listening and doing nothing can sometimes be enough in an encounter with a patient?*

Answer: You have often felt in your practice that you are "forced" to give treatment or a prescription. The patient often requests it and modern technological society expects you to "do something" or "prescribe something".

Some benefits of giving no treatment are:

1. It protects the patient from iatrogenic harm.
2. It saves the patient and doctor from wasting time, effort and money.
3. It delays treatment until a more appropriate time.
4. It provides the patient with an opportunity to discover that he can do without treatment.
5. It avoids a semblance of treatment when no effective treatment exists.

Reference:

Frances A, Clarkin J F. No treatment as the prescription of choice. Archives of General Psychiatry 1981;38:542-545.

On this theme see also:

"The doctor as drug" (Balint, 1964, in references)

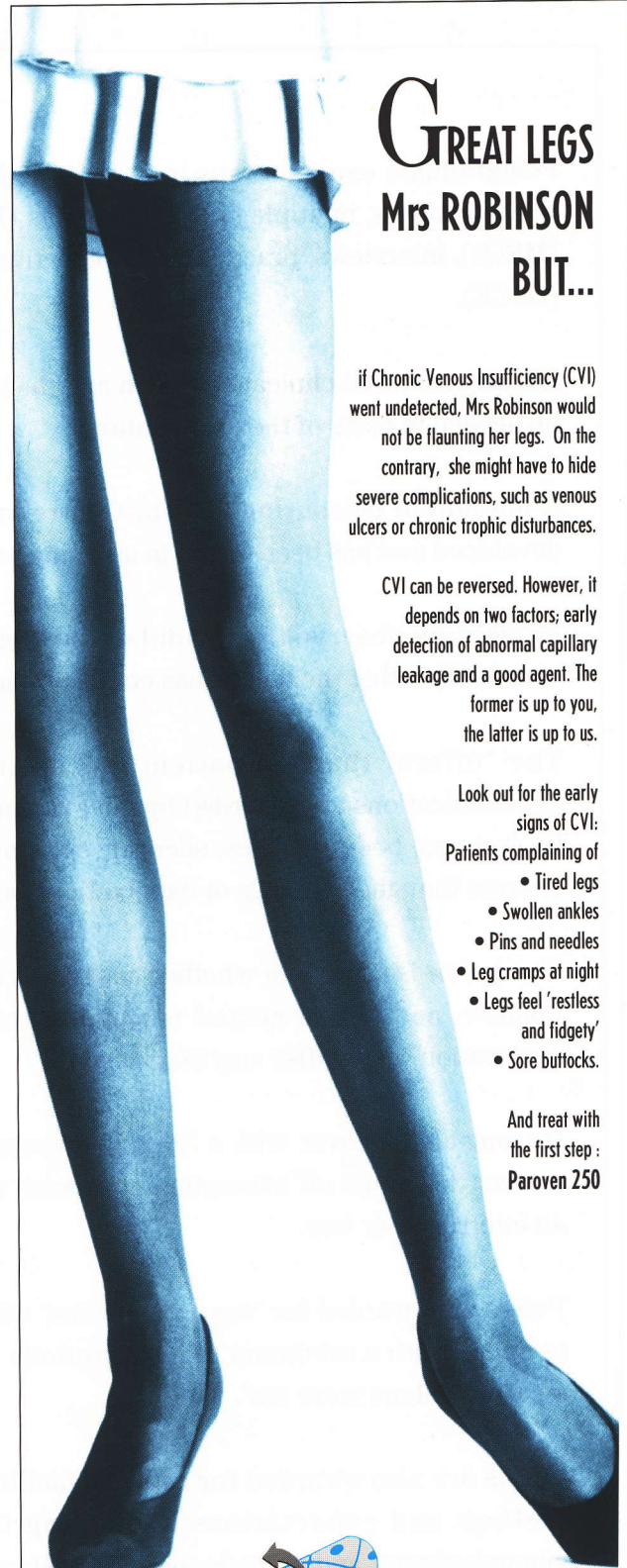
"When listening is enough" (Cassell E J. The healers's art. A new approach to the doctor-patient relationship. Philadelphia: J B Lippincott Co, 1976.)

Vis medicatrix naturae "The healing power of nature" (Cousins N. The anatomy of an illness as perceived by the patient. New York: W W Norton and Co, 1979.)

"The myth of Cure" (Talmon, 1990, p.123)

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- Pins and needles
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- Sore buttocks.

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