



## Diagnosis by proxy

by Chris Ellis

Diagnoses in family practice often insinuate themselves into one's subconscious or emerge out of a mist of awarenesses. They creep up rather than announcing themselves like they do in hospital wards. These diagnoses are made by the adsorption of past incidences and casual comments from those close to the patients themselves. This information coalesces with the items in one's stored image and memory banks to form a hunch or a serendipitous discovery or a sudden revelation. There is even a term describing it — pattern recognition. One-off consultations on visitors or patients referred for consultations only have the benefit of the interview and the examination whereas the essential consultation in family practice has all these other avenues of help as well — the sixth sense of hunch, the seventh sense of experience and the eighth sense of stored history.

The information may have been unconsciously stored from meetings or from social events long ago. It is hidden there in a message left on your desk, the glance through the surgery window and the phone call "My husband won't tell you this . . . and please don't let him know I phoned".

I have been fortunate enough to have my consulting room on ground level with the windows looking out onto the street where the patients park their cars and get out of them before walking down the pathway to the front door of the surgery. I silently observe them, voyeur like, through the slats of my venetian blinds. It reveals homo sapiens in his natural state.

The carriage of the head, the gait, the liveliness and interest of the fit and the downward preoccupation of the sick are all there. I can check on the coordination of the locomotor system as they get out of their cars and I watch the foot crushing the last cigarette on the pavement, and the cheery wave to a friend or

the creased look of anxiety. There's the diabetic quickly finishing off her cream bun and my workman's compensation backache getting his act together, composing his kyphosis and expression before he crosses the road. I can even tell whether a fractured tibia has united well before it reaches the curb.

These are all by proxy through the window. There are many other proxies acting for the patient from my receptionist to my wife and children. All part of the hidden curriculum like patients who drop clues to my wife hoping they will be passed on and like the children one observes at birthday parties as they behave impossibly or become abnormally withdrawn. These episodes are all stored for future reference.

I have relied for much of my proxy diagnoses on my receptionists, like the Afrikaans-speaking sister who once said to me in stilted English, "I'm going to give you the backside history on this patient". The information is about marital discord, nocturnal wanderings, alcoholic indiscretions, and the who-is-doing-what-and-to-whom type of input. Information that one would never otherwise know.

Receptionists can also diagnose.

One day I had spent twenty five frustrating minutes with an irritating self-centred bore with psychotic tendencies. I wandered disconsolately into reception and was watching him disappear down the path when my receptionist spoke. She is from Southern Ireland and has the gift of uttering penetrating wisdoms that that country imbues it's people with.

"I know what's the matter with him, Doctor", she said.

"Oh, do you?" I replied, "And what, may I ask, is that?"

"He's cuckoo" she replied.

She was right. He was.