



Comment on “Death in the Family”

The article titled “Death in the Family” published in the January 1988 edition of the journal,¹ has caused some concern.

It is regretted that the article has caused such distress, more so in view of the especially good relationship which has existed between the GP's and Groote Schuur Hospital, in particular with the department of radiotherapy referred to in this article. Reference to their relationship has often been made by local GP's, and a statement to this effect was published in the February 1986 edition of this journal which expresses “appreciation for the support and assistance available to the GP in his management of the terminally ill”.² I have again confirmed with colleagues in Cape Town that this department liaises intimately with general practitioners, is ever-ready to assist with admissions, often in difficult circumstances, and shows care and concern for mutual patients.

The article in question, “Death in the Family” illustrates inter alia the anguish of a mother and her son who were kept in a state of uncertainty for a lengthy period awaiting an ultimate diagnosis of lymphoma. The other painful experience recorded was the way the news was imparted to the family.

This incident highlights the problems that may occur, in large busy multidisciplinary institutions where ultimate responsibility for the patient is often diluted between various departments. (It appears that the diagnosis was imparted by a medical officer in another department where the investigations were carried out, and who was clearly not adequately versed in the difficult skills of communicating such news to patients). This once again highlights the importance of teaching such skills at undergraduate level and the need to

emphasise the patient-centred approach in doctor-patient communication. Ability to communicate with patients is rated as the second most important area of a doctor's competence, and yet it is universally recognised that poor communication is rated by patients as one of the most important sources of dissatisfaction in their relationship with their doctor.³

This incident also highlights the important role which the family doctor should assume in liaising between specialist and patients, both in a facilitative as well as supportive role.

It is evident that people have been hurt by publication of this article. This is regretted because ultimately the injured parties are a mother who has suffered sufficient pain, and doctors and care-givers who are trying to deliver dedicated service, often in difficult circumstances, in a highly emotional laden and delicate area of medical practice.

Hopefully good relationships will continue to prevail between the hospital and GP's and this incident will serve as a positive learning and enriching experience.

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References

1. Judge A. Death in the Family — an experiential account. *S Afr Fam Prac* 1988; **9**: 5-9.
2. Silbert M V. The GP's role in continuing care of the aged — A commitment to holistic care. *S Afr Fam Prac* 1986; **7**: 344-48.
3. Working Party Report. What sort of Doctor. *Roy Col of Gen Prac* 1981; **31**: 698-702.