The assumptions of orthodoxy in health care

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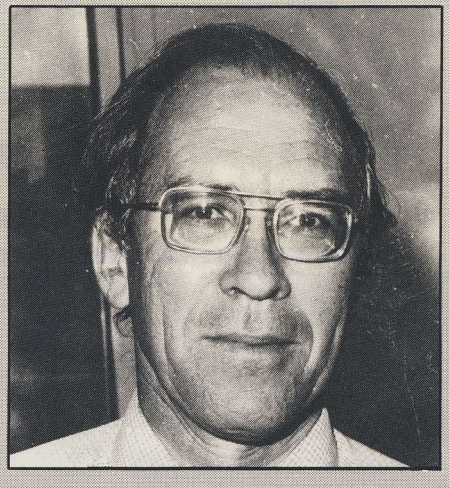
Summary

A short case report which illustrates how deeply-ingrained assumptions of a doctor about patients and about the health team, determine the care given to the patient.

KEYWORDS: Patient Care Team; Physician's Role; Patient Compliance; Quality of Health Care; Communication Barriers; Health Services; Primary Health Care.



Curriculum Vitae

Jacques Kriel started his studies at the University of Stellenbosch where he obtained a BA Hons (Philosophy) in 1961. He then studied medicine at Wits and received the MB BCh in 1968. He worked as a Registrar in the Dept of Internal Medicine, UOVS from 1971-1974, received the M Med (Intern) 1974 and FCP (SA) in 1973 and became Senior Specialist in this Dept in 1975. He then moved to Bophuthatswana where he worked from 1976-1982: first as Director of Health Services (1978-1979) and then as Rector of the University of Bophuthatswana (1979-1982). Since 1982 Professor Kriel has occupied the Claude Harris Leon Chair of Medical Education and is Director of the Centre for the Study of Medical Education.

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Assumptions determine behaviour. If the assumptions are at variance with overt statements, the assumptions will be the determining factor. Assumptions about a situation determine what we see, hear and do in that situation. This is quite clear to every observer of the political scene. It is equally true of the medical scene.

"The Medical Team" is a concept which is on everyone's lips and in all the books. However, if this concept is to be more than just talk, doctors will have to change some very deeply ingrained assumptions embedded in the consciousness of the medical

profession. These are assumptions regarding their own rôle, the rôle of the other health care professions (often referred to as paramedicals — a term indicative of the orthodox assumption about their rôle) and also of the rôle of the patient as a responsible member of the team.

We would like to present a case study to illustrate this point. The scene is a post-intake ward round consisting of consultants, registrars, nurses, social workers, physiotherapists, occupational therapists — in other words, a large team. The patient: a 21 year old male admitted the previous evening with a fractured femur. He had gained the reputation overnight of being "a complainer".

The scene now progresses as follows:

1. The patient mentions that his vision has deteriorated since that morning. ("I've been going blind since this morning, doctor.") The ward round assesses his vision with a finger test. Patient only sees one finger regardless of how many are held up. Decision: refer to ophthalmologists.

2. Somebody notices that the traction is incorrect — adjustments are made. Patient starts screaming. Nobody seems to take any notice. Adjustments completed. Ward round moves on to next patient. Patient continues complaining. Comment overheard from one junior on the ward round: "They don't seem to take much notice of screaming patients!" Nobody challenges the doctors about the patient.

3. Physiotherapy student and social worker go back to patient and try to comfort him and find out what is wrong. Social worker: "Don't worry, I'll go and phone your mother". Exit.

4. Patient says to physiotherapy student, "I've got a girl friend — but I've forgotten her name". Then: "My face is going numb. I've never known pain like this". Student goes to sister to ask what to do. Sister says that patient has had his medication for pain and that she can do nothing more. Student goes back to patient.

5. Patient: 'Where's my arm? My arm is going numb". Then complains that other arm is also going numb. At this point his mother comes in and he starts crying. Mother and son hug.

6. By this time ward round has ended. Physiotherapy student goes to doctor and says "I'm really worried about that patient". Explains the whole development. Doctor not very interested. "Patients like to complain to get attention. There's nothing wrong with him. We've written a consultation to the ophthalmologists and will see him later. "But doctor, there must be something wrong". Doctor: "We'll see later". By this time the doctor is bordering on rudeness. Student feels brushed off and returns to patient.

The assumptions doctors make about the rôle of the health team, have to be changed radically.

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7. Mother is getting frantic. Her son needs pain killers. Student explains that she has asked the sisters and doctors. Mother goes to ward sister but is told that he has already been given pain killers and cannot get any more. Student has to leave for lectures.

8. That afternoon the physiotherapy student returned to the ward to find the patient had been transferred to the intensive care unit with a diagnosis of fat embolism. He was unconscious for a prolonged period of time and was later discharged with brain damage.

What are the assumptions underlying this scene?

1. Difficult patients complain because they are difficult and not because something is happening.

2. Other members of the health team cannot see and report information that is medically relevant and needs acting upon. Although all the members of the health team were present, they were there as audience, not as active and equal partners in health care.

3. Doctors know best. The rôle of the health team is to listen to instructions.

In spite of all the talk about the health team in both primary and tertiary health care, it is clear from this case study that it did not operate in this situation. It is probably a generalizeable conclusion to the whole of tertiary health care.

The concept of the health team is one which could revolutionize medical care in this country both on the micro-level of care of the individual patient as well as on the macro-level of the health care system. It could change both the micro- and macro-levels from their present "disease care" orientation, to a true "health care" orientation.

Is the health team operating at the primary health care level? Before it can come into effect there will have to be a radical, even revolutionary change in the assumptions that we as doctors and "paramedicals" make about what health care is all about, and about our rôles in that process. We believe that family practitioners should lead the profession in this revolutionary process. If we do not, patients will continue to suffer and to receive second rate health care in spite of mind-boggling technological advances. There is also much talk about patients as part of the team. If the professionals can't work together, what chance has the patient of being allowed to participate?