Practical Therapeutics

Patient Communication — by Dr E.L. Murray

In a recent series of articles in the B.M.S. on this subject, many new ideas came to my notice and also some of my own ideas were reinforced.

One method of improving patient communication is by use of handouts. It has been stated that once the patient hears the diagnosis he then stops listening to the doctor. He is lost in his own fantasies and fears or relief, and ceases concentrating on the medical man.

A study done in a practice using handouts or written instruction, showed that patients had far better results when they were quizzed about their instructions compared to patients receiving no written information.

I have collected a few handouts in my time, some from University departments, some from colleagues, and some from drug companies. It is my intention to publish one of these monthly hoping for feedback from colleagues so that we can keep them updated and improved. Once we have a "perfect" handout, perhaps a drug company might be enticed into printing them for us.

Because of the method of collection of my handouts, I am not able in any case to acknowledge where I lifted it from and hope that this will be excused.

I must also emphasise that most of these are not my own work, but a method that I use in my practice to ensure that my patients understand what I am saying and have the necessary piece of paper to refer to. I sometimes scribble out instructions, but this is time-consuming.

The first handout is that on how to collect a stool sample for an occult blood test. I am using this test as a routine annual screening test in all patients over the age of 50, and naturally in all cases with an iron deficiency anaemia.

To reinforce the latter point I would like to relate a case history from my practice. I inherited a patient Mr H A in January, 1974 who came to me for an injection of B12 because of his anaemia. He had an Hb of 9.6, which looked like an iron deficiency anaemia. His occult blood test was positive. After a total dose infusion of iron which we used in those days, he had a barium meal which showed a small sliding hiatus hernia but no ulceration or neoplasia.

His anaemia did not respond and I found his serum folic acid to be just below normal and his serum B12 to be half normal.

He had a barium enema which showed a few diverticulae and nothing else, and despite the Imferon, Vit B12 and Folic acid, his Hb stayed low. Repeated occult blood tests were positive and he was persuaded to have a laparotomy at which a small bowel tumour was removed. This proved to be a Malignant Melanoma histologically. As Melanomata do not occur primarily in the jejunum, a search was made for a primary but none could be found.

His Hb has remained elevated and at age 79 he is on Slow Trasicor and Moduretic for his essential hypertension and his last occult blood test is still negative.

Hope that canary illustrates the point that an iron deficiency anaemia is NEVER a diagnosis, but only a symptom.

My instructions for the necessary preparation and collection of the stool specimen are taken from the instructions supplied by the firm who provide the Fe Cult slides to our laboratory.

Screening negatives are accepted but screening positives are rechecked.

In the hunt for the cause of an iron deficiency anaemia, three specimens are sent to the laboratory.

Occult Blood Test

Recommended Diet For Three Days:

Do not eat
Meat, Turnips, Horseradish, Medication containing aspirin, Vitamin C or Bananas

Eat small amounts of
Chicken, Tunafish, Peanuts, Popcorn, or a Bran cereal

Eat plenty of
Vegetables (raw or cooked), lettuce, spinach, and corn

Fruits
Prunes, Grapes, Plums and Apples

Then collect a stool sample and bring it to the Rooms.