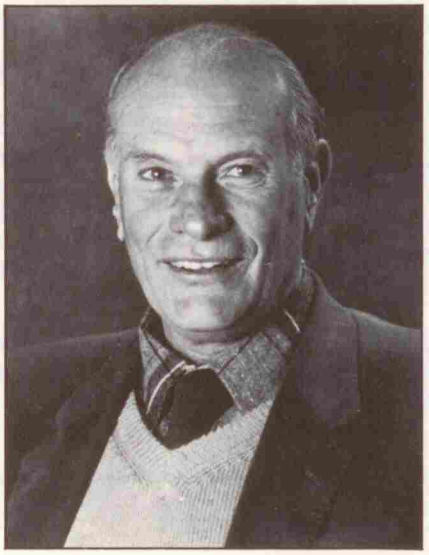
Patient Education Column

Let me explain So verduidelik ek

Readers are invited to communicate their views on any aspect of patient education for publication in this column.

by Dr Howard Botha.



Why so many are always complaining

The Afrikaans poet Boerneef, himself not a medical doctor, once wondered why "hurt hurts so badly" and why most of us are always complaining of illness.

This is the big question mark in the lives of many. It is not difficult to find a scapegoat for this human phenomenon. All the people I have seen during today's consultations have demonstrated this phenomenon to a larger and/or lesser extent. A patient without complaints would be unbeatable!

Complaints of illness have the advantage that anyone labelled "ill", temporarily enjoys a privileged position. The sick person is given the right to be dependent and can claim certain privileges from complete strangers. He is even allowed to be absent from his job. If he should be a "bigwig", there will be a feature in the newspaper saying that it had been recommended by the doctor or the specialist that he should rest and that all appointments have been cancelled. If a mother's temper is at times very short, her unbearable headache will be accepted as an excuse. This has become so important in our everyday life that all positions of employment now automatically include a few days which are especially set aside for illness. Unfortunately it is a human failing to abuse this privilege and hence the so-called malingerers and shirkers.

Unfortunately many also exaggerate the nature and degree of illness and in this regard humanity can be categorized as follows:

Ms A who came in this morning early is a good example of the one group characterized by an overwhelming dependence on the doctor. She came because she and her husband are considering early retirement. What do I think of the town they have in mind and how on earth are they going to cope without me. Not particularly me, but a doctor who has become part of their everyday prescription.

Later in the morning Ms B who is a good example of the group that is motivated by an overpowering need for attention and reassurance came again. The doctor is seen as an endless source for the satisfaction of this need. Ms B is someone who does not receive the necessary attention from her husband or grown-up children, with the result that her self-image has suffered severely.

This afternoon I had Ms C or shall I rather say, she had me! She represents the group who assume a condescending attitude and give the doctor the impression that the attention they require, is actually their inalienable right. I ought to feel greatly honoured that they have chosen me as their family doctor.

My last patient this afternoon was Mr D. He arrived without an appointment. He represents the people who revel in ignoring their doctor's advice and intentionally try to undermine the treatment. He gives my advice, that he should change his lifestyle, a cold shoulder. If allowed to he can become somewhat of a bully and likes to brag about what he has done with the doctor's instructions.

These four patients all need supportive treatment. Preferably with a team approach.

I also have seen patients today who are quite different. How do we manage, how do I explain to people the importance of certain symptoms that might stem from a disease that does not reveal it's presence in a dramatic mannner. They are those who have to be taught that some extremely serious illnesses manifest no symptom initially or the symptoms are non-specific. I have tried to explain to all of them that symptoms are not always clear indications of what ails a person. Pain experienced by elderly people, is a good example. It is not unusual for an elderly person to experience pain in the "wrong" organ. A pain in granny's knee could indicate serious pathology in the hip joint, and a "stomach-ache" may point to coronary insufficiency.

Often one has no other choice than to discipline stubborn people who totally ignore potentially disastrous signs eg blood in the sputum, longstanding cough and jaundice.

WHAT ABOUT THE REAL GRIEVANCES OF PATIENTS?

Quite often they are justified. Patients can become critical of the way they are received and handled by the practice staff. From time to time it is worthwhile to guide the staff to understand why people are complaining, why we will also have to cater for a Ms A or a Mr D. For instance, many persons may come more readily to accept the **privilege** part of their role as a patient than the **obligation** part. The staff in a family practice is in a crucial position to help patients to cope with the special problems of compliance with medical advice. They can influence people like Ms C to do what they must do, if the doctor is to be effective. On the other hand, we can't expect Mr D to make himself well by sheer will-power.

In the wide range of people there will be those who have to be disciplined for not keeping appointments, changing medication and failing to follow prescribed regimen. (Our staff should know that at least one-third of the patients in most studies have failed to comply with medical orders). The staff should feel competent to advise patients about their activities, work etc. The patient can ask them: "What does the doctor mean when he says 'cut down on activities'?"

Finally, the needs of the complaining person can never be met if the doctor does not establish himself as the authority.