



The “heart lift” patient

Several decades ago, the concept of the “heart sink” patient was described. It is a phenomenon that occurs when a doctor sees that a particular patient has booked for an appointment and his or her heart sinks in anticipation of the consultation. A collection of negative premonitions and expectations arise in the doctor’s mind which are not exactly consistent with being a member of a healing profession.

We tend to dwell more on these negative encounters, than on most of our other consultations during the day which are positive. The opposite of the “heart sink” patient is what I would call the “heart lift patient”, who presents with just one complaint which is easily resolved, and is effusively grateful afterwards and pays his bill in cash on the way out (and does not want a receipt).

Other patients boost doctor satisfaction. I know that we are not meant to have favourites in this democratic world, but I must confess that I do have many favourite patients. I look forward to seeing them. They are my “heart lift” patients, and they are of all cultures and ages. They are the teenagers who give me hope for the future and the teachers whose courage makes me feel like a charlatan.

I also enjoy the academics from the university over the road, an eccentric group of classic scholars, chemists, plant pathologists and theologians. We talk about their extraordinarily diverse research projects which range from entomology to social reform.

In consultations with patients from my (the older) generation, I find that we natter away about the important things in life. We complain that things are not how they used to be, when we know perfectly well that they are far better than they ever were in the past.

I have always enjoyed finding out about patients’ cultures and find that I am taught stuff by patients every day. My “heart lift” patients have enthusiasm.

I have a high-end art dealer who comes in and shows me photographs, on his tablet, of his latest purchases and we discuss the art market, about which I know nothing. Another patient collects Samurai swords, and another is rebuilding an old Land Rover. (I know even less about cars than the art market).

Consultations with fishermen involve intense discussions on which dams are the best to fish in the Drakensberg. Kamberg and Highmore have a high rating, but it all depends on the time of the year, and we have to discuss the type of rods and reels to be used. Some still tie their own flies, and it is of critical importance for the well-being and blood pressure of such a patient that we discuss the weekend weather forecast and which flies will be best for the weather and water temperature.

If the patient is going to the beach or sea fishing, then we will need to review whether the shad are running and what is biting, and discuss reports from the brethren. All these have to be taken into consideration when covering the full medical history. One can then relax and go to the beach with rod in hand, and watch the sun set over the Indian ocean.

My personal friends also consult me, although this sometimes constitutes a difficult change in the relationship. I look forward to seeing my golf partner if he is down to see me because we can plan the tactics for our Sunday game in our four ball against our local pharmacist and one of the farmers.

Most of all, I enjoy the really genuine people who I see all day; those courageous patients who bear the many trials of life and illness with equanimity, and often with good humour.

There is, of course, a steady update throughout the day on the current or forecasted scores for the rugby, soccer, golf and cricket, and we have to decide on our selection of the provincial and national teams which takes quite some time. With farmers, we need to review the rainfall and whether it is too little rain for the sugar cane, or too much, and if it is giving the cattle foot rot.

It is not easy to get through all of this in a day’s work, and by the way, I would rather you did not tell my partners or the receptionists about this. They think that my consultations run so late because of my thorough clinical method, meticulous examinations and advanced procedural skills.

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