



Non-obtrusive sources and secondary actors

In general practice we often use many peripheral little bits of information to help us make our diagnoses and to organise our management plans. Like the title of this column they are the peripheralia and marginalia that we glean, almost subconsciously, from items or artifacts that are apart from the patient's grand narrative. It might be a photograph, a throw away comment by a staff member or a relative, a letter written to us by the patient or a paragraph in a local newspaper or some form of self-observation or reaction that one has to a patient. These sources of information from our peripheral vision and practice background are called non-obtrusive sources and the persons who interact with the index patient and ourselves are called secondary actors.

These tangential external sources may have a tendency to confirm the diagnosis that I am forming in my mind or have the opposite effect of throwing a spanner in the works and explode a theory that has been nicely building up. It is the problem we have with collateral information that may be relevant or unrelated to the case in question. I have usually formed an opinion one way or the other and suddenly I am being told another narrative from another angle and have to change tracks or revisit the original ground.

As a control freak, who likes everything to fit into the box, I find these extra bits of information tend to disrupt my thought processes until I have had a chance to weigh or balance the new information. If you work with families, for instance, you have to forget about this sort of control. I have to sift and rationalise the histories, opinions, perceptions and previous interactions of the family members otherwise my mind becomes discombobulated.

We spend a lot of our day like this, trying to marry the paradoxes and ambiguities of everyday life into some form of order so that we can have a management plan.

The Greek poet, Archilocus, said "the fox knows many things but the hedgehog knows one big thing". This is because the fox is cunning and thinks up many schemes for attack and defence, whereas the hedgehog has only one mechanism to defend itself against any attack and that is to curl up into

a ball. This survival solution of the hedgehog copes with most problems. This fits in with much of our reasoning in medicine in line with the aphorism "common diseases occur commonly".

We spent a lot of time, like the fox, doing multiple investigations, scans and X rays that turn out to be negative whereas our first assessments or our common sense, like the hedgehog, are found to be correct. In the distant past, when there was less information around, I used to have a few big ideas and alternatives but now, because of the information explosion, the field is strewn with many small "what ifs" as well.

We have to try and blend the personal stories and situations of patients into the medical facts that we have obtained from the formal history, examination and investigations as well as all the epiphenomena.

In the past I always used to want to treat everything; that is all the patients presenting problems along with the collapsing health system and world poverty (well, maybe not in one consultation but at least by the end of the week). But family medicine is a messy business and I have learnt over the years to try and select the information I consider useful but then along comes another interloper: the outlier.

An outlier is that recording that is way off the nice linear rising or falling of the curve of the graph. It is almost as frustrating as the peripheralia. You cannot squeeze either of them into the box.

In a busy day we usually need to focus on a few big alternatives or diagnoses that initially crop up in our minds. We then go on a heuristic journey to narrow them down and try and reduce the complexities of our clinical judgments and investigations into some form of assessment and then: the patient produces the computer printout from Dr Google that tells us the diagnosis.

Chris Ellis, Family Physician, Pietermaritzburg, KwaZulu-Natal
e-mail: cristobalellis@gmail.com