

## “I’ve got a long list for you today, doctor”

Every now and then a patient comes in to see me and starts with the statement, “I’ve got a long list for you today”, and I find myself gripping the edge of my consulting room desk just a little firmer than normal. They then unfurl, like a long scroll, their list or open a diary with two full pages of recordings on it. There is a law of the universe that states that this patient only comes in when I am already running 30 minutes late.

I then try and steal an upside-down look at the list to see what is coming. Written at the bottom of the page, after the list of complaints, is the shopping to be done at the supermarket after seeing me; so eggs, bacon, and fresh cream come after haemorrhoids and indigestion. The French physician Jean-Martin Charcot described this condition in the 19<sup>th</sup> century as *La Maladie du petit papier*, the disease of the little paper, which has now been updated to *La Maladie du Grand Print-Out*.

There is also another form of note-carrier who writes everything down “in case I forget something” which slightly begs the question of the importance of the ailments. Yet another form of list seems to have arrived on my desk recently because someone has been selling my patients home blood pressure measuring machines. The blood pressure is neatly recorded, often several times a day, creating much conversation and confusion.

Long ago, I had a patient who had post colectomy diarrhea. She used to come and see me almost every week. She recorded each bowel movement with a tick on the back of the envelope in which I had sent my last bill for her previous consultation. I am not sure if this was an unconscious comment on what she thought of my account. Sometimes there were only three or four movements a day while on others there were up to eight or more. We would go through the motions (so to speak), although it was a fairly monotonous affair as the plot never seemed to thicken. During the consultations I would find myself sliding down into the space-time continuum and immediately afterwards my receptionist would come in and

chisel me off the floor then shake me by the shoulders until the glaze subsided from my eyes.

Once a new patient came in to see me and reeled off twenty-four complaints. I had difficulty keeping up with her as I furiously wrote each one down. I looked after her for ten years and at the end I had reduced the number to eighteen. Say what you will, it could have gone the other way. Imagine if we had ended up with thirty complaints! She was suffering from what Kierkegaard called *The Sickness unto Death*.

When one is aware of the dynamics of these consultations, it is possible to move on to a realistic program of care and containment as the lists often represent anxiety, depression or mostly loneliness. Some are explained on the basis of various psychological disorders including somatoform and somatisation disorders. Other list makers may represent busy patients in a complex informational world simply seeking what one observer stated was “clarity, order and control”.

I have been fortunate enough to often have the time to listen and listening is generally the main therapy. The mere act of writing the complaints down and discussing them is a confirmation of their existence. It is sometimes enough just to be heard. In the substrata, though, there are some physical and mental illnesses to be treated.

Almost all doctors, unless they are up for sainthood, may have less than laudable and seemingly uncaring responses to these lists. This is because there is a dissonance between the expectations that a patient has of a doctor and the role that the doctor has been trained in. It is also partially due to the everyday pressure cookers that most doctors find themselves working in and part of our own humanity as we strive to heal the patient’s illnesses. Negative reactions and an ethic of caring are not mutually exclusive. You are allowed both.

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