

HASLAM'S VIEW



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Never jump to conclusions about your patients

IF I HAD ONE OVERRIDING RULE ABOUT GP CONSULTATIONS,

it would probably be not to jump to conclusions.

There are times when we feel absolutely certain that we know what is going on almost as soon as we collect the patient from the waiting room. I don't know about you, but all too frequently I discovered that I was totally and embarrassingly wrong.

There are often obvious clues that you are on the wrong track. If every suggestion you make on management is rejected, one after another, it is more than likely that you've failed to realise why your patient has come to see you.

I well remember a patient who consulted me with chest pains. This is a common enough cause for patients to consult, but for some reason I had decided two things early in the consultation. First, his symptoms were definitely not cardiac. Second, I was sure that my patient thought they were.

I checked his heart and his pulse with theatrical thoroughness. I even arranged an ECG there and then, not because I thought it would be abnormal, but because I thought that the use of technology would help to reassure him. I felt really good when I was able to tell him that his heart was normal.

I also felt amazingly stupid when he told me that his heart didn't worry him at all. Indeed cardiac causes hadn't even crossed his

mind. What he was worried about (for reasons that I couldn't begin to understand and certainly can't remember) was sarcoidosis. So, I had to start again. The whole consultation had been a waste of time. I had wasted it, just because I hadn't checked why he had come, and what his ideas, concerns and expectations really were.

'When I entered my thirty eighth year, I seemed to develop one potentially life-threatening condition after another'

I remember a colleague saying: 'Locum work has demonstrated to me that lack of knowledge of the patient can be helpful as it brings with it a lack of assumption and preconceived ideas. Your heart can only sink if you have had previous contact with the patient.'

Getting to know your patients as real individuals can also have enormous benefits for both doctor and patient. After all, the chances are that the more you understand what makes your patients tick, the more understanding you are likely to become of their idiosyncrasies and underlying anxieties.

When you uncover the reality of a massively dysfunctional and disruptive childhood, you can understand where the adult

behaviours originated, and you can empathise and provide support. When you appreciate the complexity of a family history of illness, you can understand the anxiety that this generates, even if it isn't always logical.

I'm a patient, just like you are. When I entered my thirty eighth year, I seemed to develop one potentially life-threatening condition after another. If it wasn't twinges in the chest that just had to be cardiac in origin, it was gastrointestinal symptoms that surely meant an underlying malignancy.

It was my wife who eventually pointed out that my older brother had died in his thirty eighth year, and that this just possibly could be the source of my anxiety. She was, of course, absolutely right. I hadn't consciously been aware of this age-related trigger, but my unconscious was having a rare old time with it.

It might not have been an excuse for hypochondriasis, but it certainly was a logical explanation. My thirty ninth year was much better.

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