HASLAM'S VIEW



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The masked patient presents a new challenge for GPs

BACK WHEN I WAS A STUDENT, IN THE LONG VACATION BETWEEN WHAT WAS THEN OUR preclinical and clinical years, I travelled across Europe overland to India.

This was so long ago that I could travel safely through Europe and then across the Bosphorus into the part of Turkey historically known as Asia Minor, and then through Iran, Afghanistan, Pakistan, and finally into India.

It was an extraordinary experience, and when I think back on my memories, along with the mountains, and the deserts, and the rifles and bandoliers slung over the shoulders of Pashtun tribesmen in the Khyber Pass, it is chiefly the faces that I remember.

The faces of people that I would otherwise never have met, who lived such different lives.

The smiling baker in rural Iran, passing over a freshly baked flat bread. The smiling boy in Kabul market, selling a goat's head. The kindness and generosity in the faces of friends we made in Pakistan and in India.

Faces humanise people. Whether it is down to the twinkle or the sadness in the eyes, or to the smile or frown which is so often the clue to someone's inner feelings, we read so much in people's faces. Which is why practising medicine when everyone needs to wear a mask adds a whole new challenge.

Of course, masks at the present time are essential. The impact of the pandemic has been immense, and the risks of leaving faces uncovered can never be justified. And yet, not being able to see a full face when discussing deep or complex issues adds innumerable and subtle layers of difficulty, somehow profoundly reducing the humanity of the exchange.

'To have these exchanges when both sides are masked and physically distanced makes being a doctor even more challenging than normal'

I think back on so many of the consultations I had as a doctor where I needed to break bad news or listen to a complex and distressing history. On these occasions I would sit close by, eyes fixed absolutely on my patient.

To have these exchanges with patients when both sides are masked and physically distanced makes being a doctor even more challenging than normal.

At least on-line video consulting allows us to see faces, which is a step up from the physical anonymity of the phone call.

And when patients still come into the consulting room, the doctor can see their eyes – often described as the window to the soul.

We can also observe their posture, their gait, their tremors, and all the physical manifestations of anxiety or fear.

Of course, it is not only the patient who will be wearing a mask. All the physical clues that the doctor's face displays that show our concern or empathy are invisible to our patients.

The words that doctors choose become ever more important.

Tell us what you think?

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