HASLAM'S VIEW



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Facing up to difficult situations

LAST MONTH, I WROTE ABOUT THE CHALLENGES FACING GPs IN THE REQUIREMENT TO use face coverings and masks.

Masks have been extraordinarily important in this pandemic and have become one of the aspects of COVID-19 that will stay in our memories for many years.

Two years ago, many of us would look with puzzlement at tourists from the Far East who were wearing masks. Now we look with anxiety at anyone who is not wearing a mask.

As I made clear in my last column, masks have posed particular challenges for GPs, not just for the doctor who may have to wear one for hours on end, but highlighting just how much information that we get from seeing a patient's facial expressions is now lost.

Video consulting has, of course, made it possible to see a patient's face, but video nevertheless results in the loss of so many other aspects of all our senses.

Seeing a face on Zoom or Skype provides great diagnostic and emotional support value, but I often found that many of the greatest clues about how a patient might be feeling actually came from the hands, which are not usually visible on any video call.

It was all too common to see patients who would present with some symptom or other, but would be blasé about it, saying they weren't worried, or tense, or anxious. Looking at them, it would often be clear that this was far from the truth. They were indeed seriously anxious about the implications of whatever the problem might be.

The solution was straightforward. I would say quietly, 'so just look at your hands,' and the patient would look down and see what I had already observed. The hands would be clenched in the tightest of grips, sometimes even shaking.

'Realising that other GPs are frustrated or irritated by the same things that you are brings recognition that you are not suffering alone'

The patient would then sigh, letting out a deep breath, or would even laugh in recognition of something which could no longer be denied, and then would relax, and start to talk.

This might possibly work during a video call, with the doctor basing the technique purely on a hunch while not actually being able to see the hands, but that really would be something of a gamble.

We might get frustrated about many aspects of our lives, but we have little choice but to get on and make the best of a challenging situation. There is little doubt that video consulting might have been a challenge, but it has also been a massive benefit too.

The rapid uptake of video communication has been an astonishing aspect of this pandemic, not just in medical consulting but in chats between family and friends, and in meetings and conferences.

Zoom can be extraordinarily time saving, cutting out all that travel involved in getting to meetings, and giving a genuine and important environmental benefit, but it cannot replace the less tangible aspects of human interaction.

With the greatest respect to the organisers of all the many medical conferences I have been to in my career, I'm still pretty certain that the most useful times have been the coffee breaks, those informal discussions that you can't plan for, but which turn out to be immensely helpful.

It may be nothing more significant than realising that other GPs are frustrated or irritated by the same things that you are which brings a genuine sense of relief, a recognition that you are not suffering alone.

This is the exact equivalent of a self-help group, but one that occurs purely through serendipity. However, these coffee queue conversations are incredibly difficult to engineer through Zoom, without very thoughtful planning.

Let us only hope that we can all face a much more normal future, in every sense of the word.

Tell us what you think?

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