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Try sitting in the patient's chair

AT SOME STAGE YOU WILL HAVE MADE A DECISION ABOUT HOW TO LAY OUT YOUR consulting room. This isn't always as straightforward as it might sound.

A couple of generations ago the answer would have been straightforward. Most doctors sat behind a desk, symbolically and practically exuding authority. The power differential was absolutely clear.

Indeed, just a few years back I was referred to a consultant surgeon who still had his consulting room laid out like this. The consultant sitting behind a grand desk, literally and metaphorically looked down at me, over the top of his half-moon glasses. I knew that I was a supplicant to his expertise. I knew my place.

Early on in my career, GPs, and in particular experts in consulting skills such as Peter Tate and Roger Neighbour, began to point out the practical and symbolic implications of doctors sitting behind a desk, with the very obvious barrier that this represented. The fashion has since changed.

Most GPs adapted their rooms so that the patient sat to one side of the desk, symbolically saying to their patients 'we are partners together in your care'.

Some of the more radical doctors did away with desks altogether, positioning a couple of easy chairs as a less formal alternative.

The great challenge that faces every doctor now is the ergonomic question of where and how you site the computer, that critical tool to modern medical care.

While cable connection points might restrict some of the possible choices, the key issue to consider is the extent to which patients can easily see the computer screen.

If they can see the screen, logic dictates that they will also be able to see the keyboard.

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Despite the vast amount of writing that I have done over my career, including 14 books and well over 2,000 articles, I am still ashamed to say that I remain a two-fingered typist.

Many years ago, I reached the deeply flawed decision that learning to touch type wouldn't be worth the hassle. As a result I never learned. This really was one of the biggest mistakes of my career. Touch typing would have paid immense dividends but remains a lost opportunity.

Being a two-fingered typist, I was always rather embarrassed when my patients watched me type in the consulting room.

To many of us, the simple act of being watched almost always guarantees errors.

However, it also seemed really important that my patients could see what I was entering into their records. I have always strongly believed in the principle of 'whose body is it anyway?' and even in the days before patients had routine access to their records, it seemed to me to be an important way to facilitate trust.

Working out how best to work, so that you and your patient can see and read each other's body language, and both of you can have appropriate access to the computer can still be quite a challenge.

Medicine and healthcare are deeply human businesses, and these human factors can really make a difference.

If you haven't tried sitting in the patient's chair in your consulting room, give it a try. You might be surprised at how it feels.

Tell us what you think?

If you want to share your experiences or views with other readers, write to: **editor@thepractitioner.co.uk**