HASLAM'S VIEW



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The patients that never come back

ON THE WHOLE WE ARE A PRETTY ALTRUISTIC PROFESSION. MOST DOCTORS REALLY do get up in the morning to achieve the very thing that we said we wanted to do at our medical school interview – to help people.

This is true even though we can all get jaded at times. There are days when we would be perfectly happy if no-one wanted to come and see us, but it is a mercifully rare member of our profession who actually chooses to hurt his or her patients.

I have been suffering with plantar fasciitis over the past few weeks. Pain in the heel can be the bane of many people's lives and can be resistant to all manner of treatments.

Over the years I have seen an extraordinary number of treatments for this condition come and go. In no particular order, I've read about, heard about, or used most of the following: analgesics, anti-inflammatories (both oral and topical), heel pads, special footwear, ultrasound, interferential, friction, orthotics, arch pads, night splints, day splints, heel spurs found on x-ray excised, heel spurs on x-ray ignored, ice, tape, weight loss, gait analysis, rest, activity, and steroid injections.

I have little doubt that possible suggested therapies also include: acupuncture, homoeopathy, reflexology, herbs, chants, crystals, and almost certainly aloe vera and evening primrose oil – as, after all, they have been used to treat everything else.

A while ago I was talking to an orthopaedic surgeon about this condition, and he told me his secret.

'None of my patients has ever returned for further therapy and so I mark that down as satisfaction and success'

'I offer patients a steroid injection,' he said, 'and warn them that it will hurt like hell. That soon sorts them out. Some patients say, "Thanks, but no thanks," and leave the clinic. Others have the injection, discover that I wasn't joking, and vow never to return again. Either way, none of my patients has ever returned for further therapy, and so I mark that down as satisfaction and success.'

It reminds me of an ancient gynaecology book that I found in a junk shop many years ago. In the section on dysmenorrhoea, the author enthused about the results he obtained from the application of leeches to the cervix.

He knew it worked, he said, as no-one ever needed to return for a second treatment. This criterion for success sounds as if it has the same scientific validity as my orthopaedic friend's therapy for heel pain.

And, of course, some of the therapies that we are using today will seem just as bizarre to researchers who might come across our current medical approaches in a hundred years time.

They will be astonished that we used a concept as quaint as the electrocardiogram, that we touched people to take their pulse, that we stuck sticks in urine for anything at all, and that we diagnosed depression without a cerebral activity scan.

And they may have even discovered a painless and effective cure for persistent plantar fasciitis. But don't hold your breath.

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