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How often do patients cry in your consulting room?

A FEW YEARS AGO, I READ A PAPER IN A MEDICAL JOURNAL IN WHICH AN ENTHUSIASTIC GP researcher had quantified and analysed the patients who cried during his consultations. To my total astonishment, in his practice this turned out to be fewer than one patient a week.

So many people used to cry in my consulting room that I had to buy tissues in bulk.

I've no idea if my experience of several patients needing the tissues in the course of almost every single surgery is normal, or abnormal, or what?

I used to wonder what my remarkable experience of crying patients was triggered by. I eventually concluded that the main factor was safety. People should feel safe when they are in with their doctor.

They should feel that it really doesn't matter what they do – their own doctor is there for them and won't judge them.

There are few places where the average adult need not feel that he or she is being judged, or at risk of censure. I think our patients should feel free to let their feelings out in the consulting room.

Personal continuity of care is a remarkably powerful medical device, and one that may well be threatened. An obsession with access at the price of continuity may well end in tears as well.

Tears often mean unhappiness, but they sometimes mean depression. Unravelling these two conditions is one of the hardest tasks that any GP has to face.

People who are depressed may also have grounds to be unhappy, but they may not. However, even if they do, those grounds may not be relevant. Just because a patient was bereaved a few months ago, and is tearful about this, does not mean that he or she doesn't have clinical depression. It can all seem very confusing.

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I occasionally fantasise that in future the secret might lie in the analysis of tears. After all, we regularly use dipsticks in urine – a bizarre activity that we have all got used to simply out of habit. So why should we not develop tests that determine the chemical nature of tears.

If you think this is just one crazy theory too far, then consider the following.

Tears contain proteins, enzymes, lipids, metabolites, and electrolytes. The protein concentration differs between tears caused by emotion – the tears that flow in your consulting room – and the tears caused by chemical irritation – the tears that flow when you peel an onion. Moreover, the tears that are triggered by pain are chemically different from the tears that are triggered by unhappiness.

Who knows what secrets near patient diagnostic techniques applied to tears might reveal many years in the future?

As with so much in medicine, we are only beginning to understand the science of what we do. The humanity is easier. Most people feel better for having a good cry. Maybe it's worth bulk buying tissues after all.

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