LETTERS

GPs and patients divided by a common language

HASLAM'S VIEW

GPs and patients divided by a common language

Professor David Haslam

'I'VE NEVER BEEN TERRIBLY HOT AT LANGUAGES. AT SCHOOL I WAS TAUGHT FRENCH

'Chronic is clearly a word that many patients think means really bad, or really serious'

Tell us what you think?

Dear Editor
Professor Haslam's column in the March issue (*Practitioner* 2011:255 (1738); 34) is, as always, full of wisdom.

I may though debate the use of the term pneumonia. Yes, it potentially scares patients. However, there can also be a problem if the patient is followed up by another practitioner who does use this word and implies that you as the initial doctor missed the diagnosis.

This can be especially difficult when a child gets admitted by the out of hours service and the parent feels that the antibiotics you gave for the chest infection did not work because you missed the fact their child had pneumonia.

A former colleague of mine used the opposite approach. He warned of the worst but promised the best. So when the child got better his stature would climb.

So often the difference between praise and thanks and criticism and complaint can hinge on just one word or phrase.

Dr John Sharvill
GP Deal, Kent

● The author replies
Thank you for your letter which makes a very fair point and highlights the incredible complexity of communication.

Indeed, I quite often tell people that they had pneumonia when they have got better, and use it as an opportunity to educate patients as to what the word really means. But it's far from easy.

Professor David Haslam
GP Ramsey, Cambridgeshire, Past President RCGP, President Elect BMA

Eczema herpeticum or herpes zoster?

Dear Editor
With regard to the photoguide on Urgent referrals in the March issue (*Practitioner* 2011:255(1738);32-33, I would disagree with the author's diagnosis of eczema herpeticum in the picture (shown below).

I think this image shows a localised dermatomal rash which seems typical of herpes zoster rather than herpeticum.

Dr Mike Wyndham
GP Edgware, Middlesex

● The author replies
Thank you for your comments.

In this case a diagnosis of eczema herpeticum was suspected as the rash was disseminated beyond the dermatome visible in the image. The patient had a history of marked atopic dermatitis and regular steroid use. There was also a recent history of a family member with a cold sore and the patient was unwell with a fever.

The vesicles looked monomorphic on closer inspection typical of eczema herpeticum.

He was not admitted to hospital for IV aciclovir but was treated with high-dose oral aciclovir and the rash settled over a couple of weeks.

Dr Nigel Stollery
GP Kibworth, Leicestershire and clinical assistant in dermatology, Leicester Royal Infirmary

Letters page: Tell us your views

If you would like to comment on any of the articles in this issue and share your views with other readers, write to: **editor@thepractitioner.co.uk**
Letters may be edited.