LETTERS

Were these doctors arrogant?



HASLAM'S VIEW

Listen to your patients

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WHAT IS IT ABOUT SOME DOCTORS THAT MAKES THEM DECIDE TO MAKE THEIR LIVES, THEIR work, and their practice so much harder than it need be?

A good friend of mine was recently admitted to hospital. She has pretty dreadful veins, and as she has a chronic condition that often needs intravenous therapy, she is also understandably anxious about keeping her available veins in good condition.

A junior doctor was sent to put a drip up. She pointed out – kindly – that he was unlikely to succeed if he went ahead with inserting a venflon into the vein that he had his eye on. 'I know what I'm doing,' he said. And so, against her protestations he went ahead, hurt her, and with absolute inevitability failed.

The mystery to me is why he didn't listen, or maybe didn't want to listen. In what other trade would you wilfully ignore the advice of someone experienced who could help you do your job better and make a potentially tricky task much easier?

It doesn't just make me cross, ashamed, and embarrassed for our profession it really does puzzle me. It's just so unnecessary, and the only explanation I can find is sheer brazen arrogance.

The other day I was asked to see a baby who was struggling to breathe. She had a cough, and on examination had intercostal recession, tachypnoea, and nasal flaring. It was as clear a case of bronchiolitis as I can recall, and she needed to be admitted.

The paediatric house officer listened to the story, and then said, 'What are her sats?' I repeated the clinical findings. 'This baby is struggling to breathe,' I said. 'She really needs to be admitted.'

'Well,' said the paediatric house officer, 'I think you should do her sats. I don't see how you can possibly say she is sick if you don't.'

I'm a pretty placid sort of guy, as Tony Blair might have said, but this was one of those rare occasions when I lost it. I'm still ashamed that I said: 'Look, I've been doing this job for more than 30 years, I know a sick baby when I see one. You will admit her now,' but, to be honest, I think I was justified.

'The secret is to shut up, listen, care, and know something'

I felt really bad about it and know that he will even now be chuntering to his colleagues about this bolshie old fool of a GP who hadn't even done the sats, but I'm also equally mystified.

Where did his arrogance come from? If medicine has taught me one thing, it's how little we know, how difficult the job can be, and the absolute importance of listening and learning. More than anything it has taught me to listen.

A while ago I was asked if I would give a video presentation on my model of consulting skills, to explain whether I was a disciple of Neighbour, Tate, Cambridge/Calgary or any of the others. I gladly agreed, the cameras were set up, the microphone attached.

My interviewer asked me to explain my views. 'It's quite straightforward,' I said. 'The secret is to shut up, listen, care, and know something.'

'Go on,' he said.

'No, I've finished,' I replied. 'That's it.'

The secret is probably in the caring bit. I don't mean it in some soft and fluffy psychobabble way, I mean just be interested in, and really engaged with, the human being in front of you. If you do that, and you combine this with knowledge and some skill, you're almost there.'

Doctors who insert drips in the very spot that an experienced patient tells them will not work cannot possibly care. My paediatric doctor wasn't listening. Both of them were breathtakingly arrogant. But where does it come from, and what can we do about it?

Tell us what you think?

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

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Dear Editor

In his column in the May issue 'Listen to your patients' (*Practitioner* 2011;255 (1740):38) Professor David Haslam tells the story of a young doctor who persuaded a doubting patient to allow him to try to cannulate a vein which she thought unsuitable for the purpose.

The attempt failed. Haslam states that the only explanation he can find for the attempt is 'sheer, brazen arrogance', and that the patient's advice on the cannulation site was wilfully ignored.

Haslam could conceivably be right, but it would be interesting to have the young doctor's account of the circumstances. For example, were there other available sites among, what Haslam describes as, the patient's 'pretty dreadful veins'? Was there any pressing urgency which might have influenced the decision to make an attempt in unpromising circumstances?

Could a more senior colleague have been more successful, and if so, was one available? Was there any potential for benefit to the patient or the service if the attempt had succeeded such as a day less in hospital?

Who decided that this patient, with a known venous access problem, would be left to an inexperienced member of the team? And what did the doctor say to the patient when the cannulation failed?

Later in the same article Haslam gives his highlights from a conversation with a junior hospital doctor about admitting a baby with breathing difficulties. The junior asks for the baby's oxygen saturation, and Haslam does not answer the question but orders the junior to admit the child, going on to muse on the 'arrogance' of this junior as well.

I strongly suspect that Haslam did not have equipment to measure gas saturations in a baby to hand at the time of the conversation — very few GPs would have a paediatric oximeter. I think it would have been better if he had simply pointed this out. After all, it does not seem that the junior was refusing to assess the baby unless Haslam provided a figure for oxygen saturation.

I am a very average doctor, and not everything I have done in my clinical career went well. I don't know how many doctors get by without ever making a mistake, but I am not of their number.

Each time my limitations as a clinician have let one of my patients down I have felt absolutely terrible, and there are incidents which still haunt me over three decades after they happened.

The realities of patient care bring us up against our own limitations time and again in our careers; the good doctor learns quickly how to protect his or her patients from those limitations. Sometimes the learning experience is merely embarrassing, sometimes it is heartbreaking.

Haslam refers to his 35 years in practice, and the biography under his picture at the top of the article indicates teaching responsibilities and a role in the setting of standards widely across the NHS. I find it worrying that such a person places the worst possible construction on the events he describes, namely that the two junior doctors whom he criticises were 'breathtakingly arrogant', and that he does not indicate any willingness to consider any other explanation.

Dr James Barbour
GP Belfast

The author replies

It's always good to get feedback, and I absolutely understand the points you have made. In my quarter of a million consultations, there have been plenty that in retrospect make me cringe, where I got plenty of things wrong.

There hasn't been a single day in my career when I haven't had a twinge of anxiety on going to work in the morning in case I discover that someone has been admitted, or even worse, because I made a wrong judgement. But I honestly can't ever believe that, at any stage of my career if a patient said to me 'I wouldn't use that vein doctor, it never works,' that I would press on regardless. Why on earth would any doctor do that?

You ask what the junior doctor's view would have been. It's a good point, and I am hugely supportive and understanding of the pressures on young doctors. But try as I might, being as sympathetic and empathetic as I might, I simply can't understand why he didn't listen to the patient.

I know the patient concerned well. I know the hospital well. And I've watched the doctors there on many occasions. Most are superb – but a few really are arrogant, and I won't flinch from using the word.

My article was simply about my puzzlement that some doctors exude such certainty that they are right, when most of us know just how ridiculously complex this job is.

My position isn't one of knowing best. It's one of knowing that I often don't know best, and am grateful when someone – a patient, a colleague – wants to make it just a little easier. And as I asked, why wouldn't you want to make a difficult task a little easier?

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

Letters page: Tell us your views

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