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'While I'm here doctor…'

FRIDAY MORNING. AS USUAL, I WAS RUNNING BEHIND. IT WAS NOT DISASTROUS, BUT I was certainly hoping for a quick problem to help me catch up.

My next patient was someone I've known for many years. We exchanged pleasantries before I asked him how I could help. 'Well, I hope you don't mind,' he said, 'but I've brought a list.'

Now, this isn't going to be yet another diatribe about lists. I've always thought lists are a good idea – provided I know they exist fairly early on in the consultation.

The main problems occur when they are fetched out just when you think you are finishing.

If a patient has an actual physical copy of a list, I usually ask if I can see it as soon as possible.

If you know that after dealing with a chesty cough you are shortly going to be asked about a possible breast lump, it can save the patient disrobing, being examined, getting dressed again, sitting down and then saying, as happened to me only a few weeks ago: 'Oh, while I'm here, would you mind checking my breast. I think I've found a lump.'

So lists can be helpful. They can certainly help you prioritise. I've never been an admirer of GPs who say 'only one problem per consultation. If you want to ask something else, you'll need to make a fresh appointment.' I absolutely understand why it happens – I get pressured by time as much as anyone. But it makes a mockery of pretending that we practise holistically.

Mind you, I sometimes use an adaptation. If I discover a list is ridiculously long and complex, I may say to the patient, 'I'm really going to struggle to do justice to all of these in one session. Which do you think is the most important? I'll deal with that and then we'll see how we are doing.' I hope this is kinder than just dealing with the first problem on the list and blocking everything else.

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But Friday's list was possibly a record. It read:

1 Bronchitis? Wheezing and a burning in chest when I hurry
2 Arthritis? All over
3 Funny palpitations
4 Feeling sick on waking up
5 Depression - especially on waking up (dark thoughts)
6 Back – constant pain
7 Statins – recent adverse publicity. Should I still take them?

So where would you start with that list, doctor? The dark thoughts? The burning pain in the chest on exertion? The arthritis?

The complexity of unravelling a list like that – with the potential for real disaster if you get things wrong – exemplifies perfectly the role of the GP. To tackle any one of those without taking note of the others would be poor medicine, but to tackle all of them in ten minutes – seven minutes after pleasantries and list reading – is close to impossible.

But not all lists are quite so challenging. I think my favourite list of all time was that of a middle-aged lady who consulted me some time ago. She didn't appear to have anything written down, but she started by saying she had four things she wanted to discuss with me.

We got through three pretty speedily, but then she stopped. I said, 'Was there anything else?' She looked flustered, opened her handbag, found a scrap of paper on which the list was written, read it.

'Yes. That's it,' she said. 'I'm worried about my memory.'

Tell us what you think?

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