HASLAM'S VIEW



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Saving face in front of your patients

IT'S GETTING TO BE THAT TIME OF YEAR AGAIN. GENERAL PRACTICE HAS always had a seasonal side to it, whether it's hay fever in the summer or DIY injuries in the spring.

There is an absolute inevitability that the next few months will lead to one respiratory problem after another, whether it be upper respiratory tract, lower respiratory tract, or something nondescript in between.

There are the children with snuffles, and parents who want their GP 'to catch it early with antibiotics' so that it doesn't 'go on her chest'. There are adults with coughs and sneezes who never seem to think twice about coughing and sneezing in my direction.

The miracle is that I, and you too I suspect, rarely go down with these bugs.

And there are the hosts of people who still, despite all the publicity, want us to prescribe antibiotics for whatever version of 'the bug that is going around'.

Indeed, it's long intrigued me how the world seems to be split into those who are desperate for a prescription, despite all the medical profession's advice to the contrary, and those who will do anything to avoid a prescription, and want to 'leave it to nature'.

I am fascinated by this perception of nature as being fundamentally benign. You can't get anything much more natural than salmonella, or cholera, or even man-eating sharks. But still there are those who believe that the adjective natural bestows a healthy glow on whatever noun follows it.

And aren't you also fascinated by the way that general practice seems to revel in situations that set us up for an inevitable fall. How many times have you waxed lyrical about a particular treatment, only to hand over the prescription and have the patient say: 'Oh, but the other doctor gave me that and it was useless?'

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How many times have you reached the end of a long and complex consultation only to realise that this wasn't the patient that you thought it was, and the two of you have been talking completely at cross purposes for the past quarter of an hour?

And how often does the technology conspire to catch you out? How do you wriggle out of the situation when, having declared that an urgent ECG is essential, the machine turns out to be on the blink?

How do you cope when you arrive at a home visit for a chest infection, only to find that you left your stethoscope back on your desk in the consulting room? We've all heard stories of colleagues who bluffed their way out of this one by using a cold coin on the patient's back to simulate a stethoscope diaphragm, but I rather suspect such tales are apocryphal. They certainly don't meet the criteria of 'nothing about me, without me'.

Home visits to patients who hope you will use a nebuliser to help their breathing when you haven't got a nebuliser with you, can be particularly tricky.

Like all respectable doctors, I would like to believe that I don't use placebos. It just doesn't seem ethical. But despite that you and I use them all the time.

The fact is that half of the treatments we are using at present will one day be subjected to meta-analyses that show them really to be useless, and their benefit to be no better than placebo, or the most natural of natural therapies.

The problem lies in knowing which half it will ultimately turn out to be.

Your guess is as good as mine.

Tell us what you think?

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