HASLAM'S VIEW

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Why do doctors and patients speak a different language?

LIFE IS FULL OF PUZZLES AND UNANSWERED QUESTIONS.

Only this week a friend told me she was suffering from a medical condition that has never meant anything to me, even after all these years. Just what exactly is gastric flu?

Gastric flu is one of those phrases that is often used by the general public but which certainly has little meaning to most doctors.

It conjures up a cartoon image of a stomach tucked up in bed, scarf around the oesophagus, hot water bottle nestling against the pylorus, shivering and moaning, and praying for death or paracetamol or indeed both.

And we can ignore all the sexist stereotyping about man flu, whatever form it takes.

But it isn't just gastric flu that is an odd and undefined condition. What exactly is a nervous breakdown? Lots of patients will tell their friends that they've had one, but I strongly suspect that you, as a doctor, have never diagnosed it.

If you look on NHS Choices it is linked to depression, but it can't really exist – after all there isn't a Read code for it.

Not that Read codes are everything. I remember once discovering a code for misplaced ears. A patient had trapped his ear in a door. Don't ask how. He didn't tell me, though he was blushing. While searching for a relevant Read code I came upon the bizarre entry of 'misplaced ears'.

Precisely how do you misplace an ear? Gloves – yes. Stethoscopes – frequently. Pens – persistently. But ears – never.

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What about double pneumonia, a phrase you've never ever used, but many patients have? The interesting thing about double pneumonia is that it isn't so much of a mystery – it was a misunderstanding of the word pleural; as in pleural pneumonia.

Do you ever recognise yourself in those conversations you hear in the supermarket queue – the ones where the doctor 'took one look and rushed him into hospital'?

Why do doctors use the complex when the simple would do very nicely?

I remember being very embarrassed when a woman asked me what ceph stood for when written in her pregnancy notes.

I explained that ceph stood for cephalic, which meant head first. However, I said that we wrote ceph simply because it was shorter.

'But it's no shorter than writing head,' she said entirely reasonably.

If 80% of diagnoses are made from taking the history, and if communication is the absolute essence of history taking, isn't it rather a problem that doctors and patients spend half the time talking entirely distinct languages?

It isn't only patients who don't understand English that need interpreters. After all there is a major gap between medical English and spoken English – so a significant proportion of patients could do with interpreters.

It's just that they are too polite to tell us.

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