
“Your personality directly affects your clinical practice. You bring your health beliefs into the consultation and impose these on your patients! If you are generally anxious about your own health, you will generally be anxious about the health of your patients.”

You and the i-patient effect

It's hard to change. You start smoking at 16 and there is a good chance you will still be having the odd cigarette at 50. You drink to get drunk at 16 and there is a good chance you still seek to get drunk on occasion at 50 too. And if you eat pork pies at 16 then there is a good chance you still eat the odd pork pie at 50 as well. You get the drift. It's not that you don't know these are 'bad things', for life doesn't work that way; personality and behaviours are hard wired. I am older and wiser perhaps, but in truth I am still that boy of 16. So what has this got to do with the consultation models in general practice?

Well actually a lot! I have read all the models and the consultations, dissecting the various merits of each (suffering the terminal dullness of them all). They all have value but doctors being doctors seek to 'learn' them. But the models are just idea constructs offering an insight into our communication — and insight is perhaps the only vehicle to deliver real change in our behaviours. But insight isn't something you can learn — it isn't easy and it hurts!

So here's a painful insight to reflect on. Your personality directly affects your clinical practice. You bring your health beliefs into the consultation and impose these on your patients! If you are generally anxious about your own health, you will generally be anxious about the health of your patients. 'What if' will haunt you; you will be prone to 'catastrophising', leading to excessive investigations and high referral rates. This will then lead to overtreatment and medicalisation. But, by the same token, if you are touched by fatalism and nihilism, you will be prone to under-investigating and less likely to refer, risking delayed diagnosis and undertreatment.

Now these might be crude extremes but we are all on the spectrum, and these are real issues running through every consultation and patient contact. The effect of personality and your own health beliefs helps to explain why different doctors in the same practice work in such different ways: why some doctors always follow guidelines and others do not; why some doctors prescribe antibiotics and others do

not. Indeed, why some doctors believe in homeopathy! I call this the 'i-patient effect'.

Myself, I am a deconstruction nihilist of sorts. I just don't believe in the doctrines or much of the pseudo-religion that passes for medicine. But I have insight into this and rail against myself often. This insight brings balance to my clinical practice and keeps my natural scepticism in check.

So what are *your* health beliefs? What are *your* personality traits?

The consultation models never question the baggage we bring into clinical care. There is no reflection on how the i-effect impacts on patient care and how this is fuelling overtreatment and overdiagnosis.

So ask yourself the smoking–drunk–pork pie question, gain some insight, and see how it might change how you consult.

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