First do no harm: health, rather than the outcome of medical treatment, is a process of learning

ATTITUDE

Being everything as part of the remit of general practice, recognising that limits are based on principle but on pragmatism.

KNOWLEDGE

There are few certainties in medicine. Patients’ choices are different from, and often more conservative than, the choices that their doctors make. Placebos work, doctors believe they work, and many patients are happy in certain situations to be given them. Although risk and benefit may be positively correlated in the environment, they’re negatively related in peoples’ minds. Uninformed passive patients have worse outcomes than e-patients who are equipped, enabled, empowered, and engaged in healthcare decisions. The Quality and Outcomes Framework does not improve outcome much but makes the process less complex and more linear with apparently greater certainty and agreement.

SKILLS

Obtaining information from many sources: history, examination, patient records, Patient Reported Outcome Measures, guidelines, and research. Using therapeutic metaphors and healing stories. Having readily accessible decision making aids. Encouraging patients to consider: what are the options? What are the benefits and harms? How likely are these? Using not percentages but frequency statements: ‘of 10 patients prescribed this drug, three stop using it because of ankle swelling.’ Giving homework rather than a prescription.

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Supplementary information

The internet footnotes accompanying this article can be found at: http://www.darmipc.net/first-do-no-harm-footnotes.html

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REFERENCES