Seeing two doctors at once in general practice

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SUMMARY. We report the reactions of 250 patients who saw two doctors together, a general-practitioner trainer and a vocational trainee, when they came to a general practice for consultation.

Over 80 per cent were neutral and the remainder were almost equally divided between those who preferred to see two doctors and those who preferred to see their own doctor alone.

Selected favourable statements outnumbered adverse comments by about ten to one, although allowance must be made for the desire of patients to please their doctor.

Introduction

One of the accepted methods of learning general practice is the " training surgery ", i.e. a series of consultations where the trainer and trainee see the patient together. The aim of our survey was to find out if this type of consultation was acceptable to the patient. In hospital outpatients the patient may often expect his interview with the doctor to take place in the presence of other doctors, nurses, and perhaps medical students. In general practice it is traditional for him to meet his doctor alone.

We could find no record of studies of the attitude of patients to such training surgeries involving a trainee, although several surveys have been carried out with medical students in general practice.

Richardson (1970) found that 6·1 per cent of patients refused to attend a consultation when they knew a student would be present. Wright (1974) showed that some patients were unwilling to discuss some problems in the presence of a student, particularly sexual problems (40 per cent), personal (39 per cent), financial (22 per cent) and half the young women did not want to be examined vaginally.

Wiles (1974), however, pointed out that if the student was introduced as a " young doctor " most of these objections vanished. This is relevant to the present study because the trainee is very different from a student and is usually known to be a fully-fledged doctor. He soon becomes accepted by many patients as their " personal doctor." On the other hand, as he is taking part in a training surgery session it is clear he is still under training, so the patient may find the situation confusing.

Method

The training surgery was held each Tuesday morning, with the trainer in the chair one week and the trainee the next. Appointments were booked by the receptionists and included follow-up consultations by either doctor, or patients with new problems. Some patients attended without appointments. The patients were warned they would see two doctors, so they had a chance to refuse the appointment if they wished.

The session was purposely booked at a slower than usual rate to give time for discussion. The doctor in the chair started the consultation, but he might hand over if the patient was obviously orientated towards the second doctor. Sometimes this situation was anticipated and the doctors changed places before the patient entered. The second doctor usually remained as a silent observer throughout. At other times he took part and a three-way discussion developed.

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At the end of the consultation each patient who had not previously been involved in the survey was asked to fill in a form, preferably before leaving the surgery. The receptionist helped him if he wished and it was made clear he should be honest in his answers and his name was not recorded on the form. Expressions such as " say exactly what you feel " or " be as rude as you like " were used to help counteract the natural desire to please the doctor.

The patient was asked to indicate if he preferred seeing his own doctor alone, the two doctors together, or did not mind one way or the other. He was also given eight statements, four favourable and four adverse, and asked to put ' X ' against those with which he agreed. Space was left for added comments.

For each consultation a record was kept of the patient's age and sex, the diagnosis, whether a child was involved, whether the patient's usual doctor was in the chair, whether the trainer or trainee was in the chair, and whether the second doctor was involved in discussion.

A total of 250 patients took part. About ten refused because they did not wish to see two doctors together—the exact number being difficult to ascertain since the receptionists found there were many possible reasons for a booking to be inconvenient. The trainer was the same doctor throughout, but two trainees took part, each being involved with consultations with 125 patients.

TABLE 1
ANSWERS BY PATIENTS

The 250 patients answered as follows:		
(1)	I would rather have seen the doctor of my choice alone	22
	I preferred seeing two doctors together	24
	I didn't mind either way	194
	Incorrectly filled in	10
	TOTAL	250
	Adverse comments	
(2)	I felt generally shy at having another person present	18
	I could not say certain things which were confidential	7
	I felt I was being used as a guinea-pig	4
	The doctors talked to each other and not to me	0
	TOTAL	29
	Favourable comments	
(3)	I was pleased to help in a training session	150
	I had two opinions instead of one	73
	I felt extra interest was being taken in my case	65
	The atmosphere was more friendly	77
	TOTAL	265
(4)	*Other comments*	
Favourable	Generally satisfied	6
	Develop confidence in two doctors	4
	Easier to talk	2
	Taken more seriously	1
Neutral	Presence of second doctor made no difference	6
Adverse	Prefer own doctor for " personal " complaints	3
	Apprehensive while waiting	1
	Should have been forewarned	1
	Doctor not aware of previous history	1
	Personal relationship with own doctor could be spoilt	1

Results

All the factors were assessed and the records of those patients who indicated a preference either way were examined. There appeared to be a tendency for men to prefer training surgeries and for those who had recent mental illness to prefer their own doctor, but the numbers were small.

Discussion

Both doctors and receptionists gained the impression that most patients did not mind seeing two doctors together. Some obviously enjoyed it, especially when a general discussion evolved. Those who were naturally orientated towards the second doctor often directed their gaze towards him at first, but later accepted the other doctor as the interviewer. The seating arrangement was important, the second doctor sitting to one side out of the direct line of vision. We felt it was of the greatest importance, both from the patient's and doctor's point of view, that there should be give-and-take in this question of preference. The patient's own doctor should not remain indifferent and silent, but he should also avoid interrupting the doctor in the chair. A happy compromise was usually attained, but it is understandable that the success of this type of consultation depends on the personalities of the trainers and trainees.

Some people may find it of little value as a teaching exercise and an obstruction to their contact with the patient. We found it useful and each trainee continued this method of learning for the full year, although its value lessened towards the end of the year.

The results of the survey support the view that the patients willingly accept a training surgery. The favourable comments outnumbered the adverse by almost ten to one. An examination of the records of those who made adverse comments showed them to be mostly patients whom the doctor expected would be uneasy at seeing two doctors instead of one. We think it is important that the receptionist or doctor should shield this small minority from a situation which makes them feel uncomfortable.

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