THE PATIENT'S POINT OF VIEW

Choosing a doctor

"If you don't like your doctor, change to another", said my psychiatrist friends. "Doctors are no different from solicitors, plumbers, and estate agents, and if one of them fails to give you what you want, you find one who will."

This is easier said than done, as I discovered to my frustration when I tried to change my unco-operative general practitioner three years ago. However, after moving to London recently and being entitled to register as a 'new' patient, I set out to find a doctor I could get on with and who could get on with me.

I asked the British Medical Association about the protocol of 'audition.' They didn't want to know. "Ask at your post office for the Family Practitioners' List. Choose one from it. Register. If you don't like him, your medical card tells you what to do."

First post office: "Never heard of such a thing. We used to have a doctors' list, but someone borrowed it."

Second post office: "Don't know what that is, mate. But we've got a doctors' list. "It took them 12 minutes to find it—and the page for my own area was missing.

Public library to the rescue: the librarian himself brought me the lists . . . and the medical register—"In case you would like to check on their qualifications."

I wrote to the 12 doctors in my area. My style was somewhat pretentious, but I was determined to make my intention perfectly clear: "Because I am convinced of the importance of a real rapport in a relationship when the patient plays a role that is no more and no less active and reponsible than that of the medical practitioner, I believe it is sensible to have a preliminary interview to see how well we can communicate and interrelate."

Two days later I received one letter and one telephone call. Both said: "We're full up. Try next door." Two down; ten to go.

In the next fortnight came four positive responses. The most appealing read: "We always ask to see patients before either of us agrees to the relationship, so please do telephone the receptionist to make an appointment whenever you wish."

After another two weeks I rang the offending remainder. One number was unobtainable; another was never answered; and the third was engaged for more than an hour on three occasions. Receptionists replied at the other three.

First receptionist: "Doctor is far too busy to reply to that kind of letter. As far as he's concerned, he is the doctor here, and that is that. You either sign on here or you don't. He's far too busy and far too good a doctor to bother with things like meeting patients. I think he'd expect you to know that."

Second receptionist: "Doctor's very busy. You'll just have to come and take your turn. Bring your card, tell doctor what is wrong with you, sign on, and that will be that. You'll take your turn."

Third receptionist: "That is not the usual procedure at all. The patient comes to us and registers—and since the doctors are all very good and pleasant, everybody gets on. Bring your medical card and doctor will take you on."

So to the doctors themselves. The first was the man who had replied encouragingly, so my expectations were high, but, although young and initially pleasant, he soon lapsed into an authoritarian role which indicated that any 'selection or rejection' would really be in his hands.

The second was also in classic role—even down to the gold-rimmed bifocals—and much older, but he did react to me as a person . . . just!

The third was a young woman, probably about 30 years younger than number two, but in spite of the age and sex differentials, the interaction was similar but briefer: five-and-a-half minutes.

The fourth put out his hand when I went in, shook mine, although he was holding a pencil at the time (a nice informal touch, as it were), and said: "I haven't seen you before. You must be new." I confessed to that condition and mentioned my note. He came to life even more: "Aha! So you're the man who wrote me that letter!"

I spent 25 minutes with him, and he looked, listened and interacted. The consultation was a success from my point of view. As I left, he said, "Fine! I'm happy to have you—if you want to come, that is. Let me know; it's up to you." There was a long pause, then: "I've never been interviewed before. You weren't too officious. Be lucky."

I do consider myself to be precisely that. It was worth the effort—and the hostile responses. I now have a general practitioner of the kind I actually need.

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Reference

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