Doctors' anxieties in prescribing

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SUMMARY. Anxieties about prescribing were examined in two seminars for trainee general practitioners. These were caused by four main problems: inadequacies in diagnostic skill, treatment policy, understanding or experience, and anxiety about control of the treatment. Ways of reducing these anxieties, for example by sharing them with the patient, are discussed.

Introduction

EVERYONE knows that patients have anxieties about the drugs that they take, but it is less widely recognized that doctors often feel anxious about their prescribing. Unless his anxieties are first resolved, the doctor is unlikely to be able to understand or to deal sensibly with those of the patient. Unresolved anxieties inhibit spontaneous exchange between doctor and patient in reaching agreement. The doctor must therefore identify his own anxieties. To explore this subject, we arranged a seminar for a group of general-practice trainees and their teachers on "What drugs in the *British National Formulary* make us so anxious that we will not prescribe them?".

Method

Ten general-practitioner trainees and three general-practitioner trainers took part in the seminar led by A. H. It was part of the trainees' half-day release course and lasted for one and a half hours. All members had read through the *BNF* before the meeting and each had identified the drugs that he was anxious about prescribing. During the seminar each member in turn mentioned one anxiety that he or she had about prescribing. These problems were then examined and more clearly defined by the group. The next week's half-day release course was used to consolidate the work of the week before and to test some of the conclusions now reported.

Results

The group was keen to discuss the topic and everyone had prepared it. Our seminar title concerned drugs, but it soon became obvious that it was impossible to restrict ourselves to drug problems, since anxieties about conditions also emerged. This did not matter because we were concerned with the anxieties aroused in prescribing. Hence the first column of Table 1 lists the drugs and conditions which caused anxiety. The second column shows how the group defined the anxiety for each item. Often two or more drugs or conditions caused a similar anxiety. At the end of the first seminar we had a list of seven anxieties and some of the prescribing problems that caused them. Although the list was lengthened during the second session, no completely new categories were added, and all seven seemed to be due to four basic problems (column three).

The group was remarkably reluctant to propose solutions and only two were discussed even partially. It was suggested that the anxiety about the diagnosis (A) and the anxiety about being unable to provide supervision (F) might both be resolved by sharing them with the patient. The idea of sharing other anxieties with the patient was threatening to the doctors, perhaps because it made them feel ignorant or inadequate. The group thought that because this was purely the doctor's problem, he should do something about it himself.

Discussion

The group was surprised by the number of situations that caused anxiety, even though the list cannot be

Table 1. Anxieties aroused in drug prescribing.

Drug or condition	*Doctor's anxiety about prescribing*		*Basic problem*
Depression Skin complaints The red eye	A	Uncertainty about the diagnosis	Inadequate diagnostic skill
The catarrhal infant Sore throat and fever on a weekday	B	Should medication be given at all?	
'Herpid' for herpes zoster Amantadine for herpes zoster	C1	Uncertainty whether the cost and trouble are justified, because efficacy is uncertain	Inadequate policy
Gastric ulcer drugs Hypotensive drugs	C2	What is the best treatment?	
Anticonvulsants Levodopa in Parkinsonism Newer insulins	D	Insufficient understanding or experience of the drug	
Oral contraceptives in 35 + age group Systemic corticosteroid therapy Penicillin in possible pencillin sensitivity	E	Insufficient experience of the treatment problem: the doctor is uncertain whether the risks are acceptable	Inadequate understanding or experience
Carbenoxolone for gastric ulcer Ethambutol in tuberculosis Drugs in old age	F	Inability to provide adequate supervision: 1. Lack of time and/or staff	
Gold or penicillamine in rheumatoid arthritis Cytotoxic drugs		2. Lack of laboratory facilities for controlling treatment	Anxiety about control
Hypotensive drugs	G1	Patient does not understand why he is taking the drug, or how he should do so	
Hypnotics Anorectics	G2	Patient's use of the drug may become uncontrollable	

regarded as complete. Not everyone felt anxious about each drug or condition mentioned, but the categories were common to all. Members of the group found it easy to talk about their anxieties, perhaps partly because the trainees regarded some anxiety as a natural consequence of their inexperience.

The basic problems differ most strikingly in the ease with which they can be shared with the patient. Anxiety about the doctor's and the patient's ability to control the use of a drug is relatively easy to share; uncertainty about the diagnosis is almost impossible to share if the doctor is on the point of prescribing—the only way of sharing it is to discuss the diagnostic problem openly.

The anxieties covered by the three other basic problems were initially considered difficult to share with the patient. Beyond a suggestion that the doctor should do something about his deficiencies, the group had nothing to add. However, on reflection it seems that almost all the other anxieties could be shared with the patient if the doctor wanted to work out a sound treatment plan with him. Anxiety shared about what is the best treatment may spur the doctor to find out what it is, either by himself or by referral. Sharing anxiety about whether to treat at all will help to uncover any unrealistic expectations the patient has about the doctor or medicines. One of the commonest examples of this situation is catarrh in an infant, and it was the one which most members of the group had met.

Lack of experience with a drug often becomes a problem in general practice when a new patient joins the list and requests a repeat prescription for a drug outside the doctor's repertoire. Sharing this problem with the patient can often be an education for the doctor. Likewise, willingness to listen to a request for such a drug, which the patient has heard about through the media or from friends, can be valuable and will also motivate the doctor to find out more.

When the doctor is uncertain about the risks of a

treatment and whether they are acceptable, this is usually due to insufficient experience of the particular treatment problem. It is thus analogous to lack of experience with a particular drug.

If the doctor is anxious about control of the treatment it seems there is much to be gained by discussing the problem with the patient and trying to educate him. In particular one would hope to make the patient accept more responsibility for his treatment and to co-operate more effectively.

How does the decision about prescribing relate to our anxieties? Only two decisions are possible: action, to write a prescription (don't just sit there); or no action, not to write one. A decisive action dissipates anxiety, as in fight or flight. But fortunately in the management of the patient's problem we have another option: to face our own anxiety and not to camouflage it with an unnecessary prescription. The need to do this has been cogently discussed by Bourne and Lewis (1977).

One common anxiety that was mentioned but not discussed was that of the repeat prescription. Such transactions are now recognized to relate less to the drug prescribed and much more to the dynamics of the doctor-patient relationship, so that in this context it helps to regard the doctor as the drug. It is interesting that most of the anxieties we found also commonly occur in repeat prescribing; no wonder this deserved a book to itself (Balint *et al.*, 1970). The decision to share an anxiety with the patient is not as easy as it may appear and should be carefully considered. Nevertheless, sharing our anxieties about drugs and treatment is a step forward in communication and makes it easier for patients to tell us of their anxieties. This complements other ways of helping patients to understand their treatment, for example suggesting questions that they might wish to ask us (Herxheimer, 1976).

Perhaps the most important conclusion for doctors is that it is normal and necessary to be anxious about prescribing. Freedom from any anxiety about prescribing may amount to dangerous ignorance, but probably it is more often an illusion, with the anxieties unrecognized and in some cases no doubt thickly papered over by prescriptions.

References

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Addendum

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