

Why not stop making our patients dependent on us?

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AS doctors we need patients for our livelihood. Ironically, one measure of our success is to make ourselves redundant. As everyone eventually has to die of something we will probably never achieve this, but are we guilty of creating a certain amount of dependence to keep ourselves in business?

Sometimes we create dependence accidentally or out of kindness. For example, when we give people whom we think are perfectly healthy an extra day off work or an extra day in bed, this only confirms that they are unable to judge for themselves how ill they really are.

Most dependence is created by performing unnecessary tests or examinations, often without giving the patient any reason. It is our fault that some of the most agonized telephone calls taken by receptionists are from women who want to know their pregnancy test results. These are often married women who have missed one or more periods and have breast changes and morning sickness, but who still cannot believe in their pregnancy until it has been confirmed by the doctor. Somehow we have taught them not to trust the signals from their own bodies.

Again, after they have had their babies, many women do not restart their sex life until they have had their postnatal, again given by the doctor. The crux of the postnatal is the traditional vaginal examination, and it is time we decided upon our reasons for doing it. The only reasons I can think of are that we neither trust women to tell us if they have dyspareunia nor to accept our invitations for cervical smears. If the vagina feels comfortable enough to make love with, does it matter what it looks like?

We have all heard the statistics about the number of people on tranquillizers. Are they taking them because they are mentally ill or because we imagine their life situation to be intolerable? Usually it is the latter. So every time we give a tranquillizer to somebody we are, in effect, saying that he or she lacks the moral fibre to cope with life. If we put it to patients in these terms, they would at least have the chance to think the matter

through. However, patients are often not given this chance and so have a nagging doubt that they could be mentally ill; in which case, they tell themselves, they are not fit to make decisions about their lifestyle and so must go on asking the doctor to make such decisions for them.

Well organized general practitioners who want to take over more of the management of their 'chronic' patients (such as diabetics or hypertensives), may feel that they should have a system for identifying patients who default on follow-up appointments (Handler, 1979), so that they can send them new ones. Surely it would be better if patients, especially diabetic patients, learned to take responsibility for their own illness? I am not totally against recall systems, and I confess that we do chase up parents who do not bring their children to be inoculated and patients on long-term fluphenazines; but this does not mean we have to treat everybody as though they were either a child or mad.

Do we really need to create dependence when one of the commonest complaints by patients is the length of time they have to wait for an appointment to see their own doctor, especially when that doctor's advice is free? I suspect that doctors who create long waiting lists are probably protecting themselves from the uncomfortable reality that they themselves need to be needed.

As doctors we are under continuous pressure to accept responsibility for other people's problems. Some would go further and argue that, because of the uncertainties doctors have about their role in society, any change in approach would make them feel too vulnerable. A large part of the problem is bound up in the difficulties we have in actually talking to patients. On the other hand, our time is expensive and society has given us considerable freedom to allocate it as we think fit. This freedom carries responsibility.

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Reference

Handler, K. E. (1979). How to set up a diabetic clinic in general practice. *Update*, 19, 1162-1164.