

## ASPECTS OF PRACTICE

### The routine medical examination

ROBERT E. STEWART

Medical Officer, Moray House College of Education, Edinburgh.

For many doctors a routine medical examination is an occasional chore often welcomed for its financial reward. If carried out on behalf of a life insurance company any pathology detected must not be revealed to the patient—a difficult principle to adhere to rigidly. Even normal findings should not be discussed and, seen as a positive health prevention exercise, the proceedings are clearly useless.

If the routine medical check is regarded as unrewarding by the doctor it is often seen by the patient as somewhat alarming. Devoid of any symptoms he cannot see the need for the curious succession of inspections and tests. He may find certain parts of the examination embarrassing and consider others unnecessary. As with a careful dental inspection he is fearful that ultimately the doctor may well find something wrong. On the other hand if the examination is cursory he may leave the surgery dissatisfied wondering how he can be said to be perfectly fit when neither blood pressure, urine nor blood sample was checked.

Part of my work involves carrying out the statutory medical examinations required by student teachers at the start and end of their courses. The purpose of this examination is to certify their fitness to withstand the rigours of their professional lives and to make certain that they are fit to be placed in charge of children. As would be expected with young men and women in their late teens or early twenties it is uncommon to find serious illness. However minor disabilities are diagnosed such as hernia, anaemia, skin problems and minor neuroses. But in my experience the most important part of an examination of this nature is the opportunity afforded to discuss anxieties about a wide range

of health problems. Frequently the student will say that he would not wish to 'waste the doctor's time' by discussing these problems in the surgery. The general practitioner is seen as a person to consult only when something goes wrong.

I decided to promote the aim of relieving anxiety by inviting students to complete the questionnaire (Figure 1) printed below. While waiting to see the doctor they have an opportunity to read this form and tick any of the boxes.

Using this form for the past three years has brought no objection from students and many thought it an excellent idea. The record number of boxes ticked by an individual student has been five but naturally the majority ticks none. The commonest topics chosen to discuss were 'overweight', 'cigarette smoking', 'menstrual irregularity' and 'contraception' but 'cancer fear' and 'heart disease fear' have been admitted on several occasions.

It might be argued that this form was an invitation to the hypochondriac to indulge his obsession but in practice this has not proved to be the case. In my experience it has helped to improve the quality and purpose of the routine medical examination and encourages patients to participate in practical health prevention.

**Figure 1.** The questionnaire given to patients waiting for routine medical examinations.

#### Your Personal Health

This is an attempt to improve communications between patient and doctor.

Your routine medical examination will probably be brief and straightforward but you may wish to mention some aspect of your health which is causing you anxiety. Frequently patients hope that their doctor will ask them certain questions which will give them the opportunity to discuss private anxieties. Occasionally patients select symptoms which they know will draw the doctor's attention to a particular body system. Doctors are trained to pick up clues which indicate a patient's specific problem area but through pressure of time or lack of intuition may fail to read the patient's thoughts.

Clearly this present method is fallible and it is suggested that you might care to tick any of the subjects below which have been selected as typical areas where patients would welcome a discussion with their doctor. It might of course be a minor problem which could be dealt with in a few minutes. If more time is required a further appointment will be made. The list is not meant to be exhaustive and space is left for any other topic which you might wish to discuss.

With your co-operation this new method might save the time of both patient and doctor and lead to a more useful and worthwhile consultation.

If you wish the doctor to discuss any of these areas please tick the appropriate box.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Overweight                   | <input type="checkbox"/> Cigarette Smoking  | <input type="checkbox"/> Menstrual Irregularity |
| <input type="checkbox"/> Underweight                  | <input type="checkbox"/> Alcohol Dependence | <input type="checkbox"/> Menstrual Pain         |
| <input type="checkbox"/> Physical Deformity           | <input type="checkbox"/> Cancer Fear        | <input type="checkbox"/> Vaginal Discharge      |
| <input type="checkbox"/> Skin Trouble                 | <input type="checkbox"/> Heart Disease Fear | <input type="checkbox"/> Pre-marital Problem    |
| <input type="checkbox"/> Sexually Transmitted Disease | <input type="checkbox"/> Infertility        | <input type="checkbox"/> Contraception          |
| <input type="checkbox"/> Nervous Problem              | <input type="checkbox"/> Sexual Problem     | <input type="checkbox"/> Personal Relationships |
| <input type="checkbox"/> Other—please specify         |   |   |