

Why not ask the right question?

DAVID RYDE

General Practitioner, Anerley Park, London.

Balint in 1957 wrote that if we ask a question we get only an answer, but if we listen we get information. May I suggest that if we ask the right question we may get the right answer? And this may also save much time.

OF two people with an identical condition, such as the common cold, stomach ache or pimples, one of them continues to work while the other visits the doctor. Why? These opposite responses portray the differing attitudes people have towards a condition, just as they might see a meal as half raw or half cooked according to their appetite.

After making a diagnosis the doctor could explore such attitudes in suitable cases by asking patients the right question: 'What is there about your complaint that brings you here?' 'Why after three weeks have you now decided to come?' 'What does your wife think of it?' 'Is there anything else you wish to tell me?'

The answer sometimes suggests that the consultation was not prompted by the condition itself or the inconvenience that it caused, but from the concern about or even fear of its possible outcome. The non-complainer views his problem differently and accepts it, or he may continue to work as a financial necessity. Fear modifies a patient's presentation of his complaint—until that fear itself is exposed.

For example, a person who had accepted indigestion for several weeks may consult not so much out of discomfort but because of the sudden realization of the possible significance of indigestion. People consult because of a change in attitude, a change in expectation over a problem.

In contrast, a mother will discuss fears about her child. She worries that the 'dreadful cold' may 'go to its chest', that the cough 'sounds terrible', may be contagious or even 'choke' the child! Again it is not the cold but its feared consequences that led to consultation. In a consultation by

proxy fears are often revealed.

Unless the discomfort is severe, medication is rarely sought, for it had been tolerated, accepted calmly, while the person still believed it to be of little consequence, and it will be tolerated again if the doctor asks the right question and then confirms the initial belief until the complaint's natural resolution.

If explanation and reassurance will not suffice or be appropriate for some people, we must then look at the personalities involved. Indeed if medication is dispensed it may reinforce fears by confirming that something really is wrong and needs treating. Though serious new conditions are uncommon in practice, prolonged or frequent investigations with all that they imply for the patient, are more for the doctor's benefit than the patient's.

The medicalization of an attitude and its confirmatory medication does seem to be a common sequel to consultation today.

Professional competence demands that we maintain awareness of significant disease, but by failing to probe the reason behind a complaint we perpetuate, even intensify the very anxieties we wish to overcome.

So by our asking the right question when the patient presents his 'visiting card', and discussing the answer, many patients will be helped to gain insight into their anxieties and be better able to come to terms with the common itches, stitches and twitches of daily life, and stand on their own feet without expecting to be medicalized and medicated on the way.

PRACTICE AND MANAGEMENT

The role of the general practitioner in management—II

W. G. GRIFFITHS

Senior Medical Officer, DHSS.

In the second of his two articles Dr Griffiths considers the contribution of the general practitioner to Health Service management.

ALTHOUGH there are many general practitioners who will never be prepared to play an active part in management, there are some who are able to take management decisions on behalf of their general practitioner colleagues. Representative committees, in having a knowledge of the purpose of the various management arrangements, are able generally to choose appropriate general practitioners for managerial roles. By virtue of their training to date, however, general practitioners are conscious of their lack of knowledge of management and of professional advisory systems.

Because of the importance of the general practitioner in

management, and being aware of possible problems, the DHSS together with the RCGP and GMSC organized a seminar in 1982 in Harrogate for general practitioners experienced in management.

The problems were discussed and suggestions were made on what help should be given and where for those general practitioners who are involved or who are about to become involved. Interested bodies such as the Kings Fund, Birmingham University Health Service Management Centre, Keele University and others are developing training programmes to assist general practitioners to develop the necessary skills.