Why not ask the right question?

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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

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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.

The general practitioner as manager

The general practitioner who is likely to advance in the management structure is likely to have sound health, be emotionally stable and come from a secure practice base. With experience the skills of clear thinking, quick sifting and communicating clearly will have been developed. None the less the general practitioner manager will not be able to function fully unless there is an appreciation by general practitioner colleagues of the problems faced by their representative. Coming from an environment of the independent contractor there is a feeling when in NHS management of being less involved because of the closer working relationship of those working in the hospital and the district authority.

Some general practitioner colleagues resent the time which is spent in the managerial process. Their motivation is often different and they lack an appreciation of the importance of the general practitioner contribution. It may be thought that health authority management takes too keen an interest in hospital matters to the detriment of primary care. The general practitioner member has to see that there is a proper balance between primary and secondary care and to be knowledgeable in hospital matters as it is on their adequacy that general practice depends.

Doctors who become involved in management need continued support not only from their partners who invariably have to share the burden of extra patient care in the practice but also from all their colleagues in their locality. An appreciation is necessary of the effort put in on their and their patients' behalf, as some of the decisions having to be made will be unpopular despite being tested in the LMC and in other committees.

Role of the district management team

As a member of a district management team (DMT) the general practitioner is responsible with the other members for managing and coordinating most of the operational services of the NHS in a district.

The team reviews the needs of the community for health care and the provision of services within the district. It identifies opportunities for improvement to services or changes in priorities; the aim is to provide the best possible care with the resources available. In response to new national and regional policy guidance or in response to local innovation the team discusses proposals for new or modified district policies which are then submitted to the health authority. Annually the DMT presents to the health authority proposals recommending objectives and priorities for the development of services, allocation of resources within the district budget, allocation of additional resources and methods of finding them to finance future projects and programmes of action including performance targets.

Presenting the general practice view

To perform these functions successfully the general practitioner has to establish good relationships with the consultant and officer members of the team, establish credibility with them and recognize and respect the collective responsibility of the DMT. The general practitioner is expected to be responsible for the representative input of general practice interests based on his awareness of the views of general practitioner colleagues. It is essential for the general practitioner member to know of the service, financial and academic implications of national general practice policies. Having this knowledge the general practitioner must be prepared and able to comment on all matters from the general practice point of view and be innovative in bringing to the notice of the team matters which originate in general practice. Where there is no consensus within the DMT a decision may have to be deferred until advice has been taken from general practitioner colleagues. Thereafter the general practitioner must be able to evaluate the problem from his colleagues' point of view and advance suitable argument or pose relevant questions to help the chairman and members reach a decision.

Health authorities appreciate the value of the general practice contribution to management teams. Problems are looked at in a different way from the hospital view. In many areas, despite difficulties, the general practitioner member has been able to draw satisfaction from the influence of his major contribution to DMT discussions and decisions. Examples are where the suggested closure of a general practitioner hospital has been prevented, a proposed restriction of open access to radiology was stopped by the general practitioner member's input to a review procedure, physiotherapy in the community was begun largely because of the general practitioner member's contribution to discussion, and there are others.

There are difficulties in management, and for the general practitioner in management these cannot be underestimated. There is, however, a challenge in planning for the future. The general practitioner is able to influence the way the NHS is to be developed and managed and to have satisfaction in the interest in efficiency and quality control. The general practitioner's contribution is an important one.

FROM CHAPEL HILL

Financing primary care in the United States

JOHN J. FREY

Professor John Frey from the Department of Family Medicine at the University of North Carolina sends a further newsletter. He considers the re-organization of the financing of primary care in the United States.

CAPITATION, a word not heard above a whisper in *doctors' lounges in this country for 50 years, is back. It has actually been back for a long time in selected areas such as Southern California, but most of the country just attributed this to the different way Southern California does everything. Kaiser-Permanente Health Plan has been successful for decades, providing complete medical care at reasonable costs. It is the largest and best known HMO in the country. The Kaiser Plan was begun by a large steel company seeking to provide both comprehensive and high quality care for