References

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The power of relationships

Sir,

Believing that spinal manipulation can alleviate sciatica, I have in the past agreed to my patients seeing an osteopath. I have now discontinued this practice because of a disquieting development of osteopathy which is not widely publicized.

A female patient of mine consulted the osteopath for back pain. Several months later I discovered that he had moved on from skeletal manipulations to a 'deep soft tissue manipulation' of the abdomen. The lady suffered severe abdominal pains for a week, but was reluctant to come to the general practice.

I confronted the osteopath, who said he had diagnosed a 'displacement of the uterus to the right' by abdominal examination and sought to correct it. Although I pointed out that medical training considers any palpable mass arising from the pelvis to be potentially pathological, for example a large ovarian cyst, the osteopath was unrepentant, indeed hinted that his training led to superior diagnostic abilities. He went on to say, 'As holistic medicine gains in popularity, osteopaths are extending their treatment to include soft tissue manipulation, naturopathy and diet.' I am currently checking one of his severely restrictive six-week diets with a National Health Service dietician, but I make the point here that doctors have no control over the treatment or advice given once our patients consult a practitioner of 'alternative medicine.

Dr Pietroni's call for a 'cautious introduction of alternative therapies' (April *Journal,* p.171) is unrealistic; the floodgates of quackery have already opened. I doubt that Balint would have flirted on the fringe, but would instead have focussed on why patients turn from general practitioners to pseudo-experts, and perhaps on why general practitioners turn away from patients.

My call would be to encourage general practitioners to understand the concepts of spirituality better so that they do not dismiss as neurotic those who look beyond themselves for a meaning and purpose to life. Is the skill of the quacks to appear to provide a whole person treatment while in fact merely giving an hour of 'relationship' while rubbing their feet, dangling pendulums and asking about the east wind?

The British Medical Association have shown courage and wisdom in resisting the tide of 'holistic' medicine. But let us not dismiss the whole phenomenon without looking deeper for its causes. If the NHS has failed to meet certain needs by encouraging five-minute appointments, what wider resources should we be looking to if not to fringe medicines?

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Patients' expectations of primary care

Sir,

The simple survey carried out by Donald and Gillian Gau into patients' attitudes to their doctors, practice staff and the consultation (Letters, May *Journal,* p.227) has a lesson of vital importance to the future of general practice and the training of general practitioners.

The survey demonstrated a mismatch between doctors and patients when asked the question 'What were your expectations from your doctor/practice and have these expectations changed?' Doctors and practice staff felt that patients wanted to be cured or made better; patients wanted to be listened to and taken seriously. In other words the patients were expecting a degree of care from their doctor and not always a solution to their problems.

There is much discussion at the moment about the Government's green paper[1] and the future structure of general practice. The 'good practice award' is talked about with emotions ranging from fear and rage to smug self-satisfaction. Parameters for this award abound, for example age–sex registers, recall systems and repeat prescribing systems. What worries me about this is that we seem to be losing sight of the fact that general practice is about caring for people and not always about running an efficient health machine.

A couple of months ago a patient of mine was berating the treatment his family had received from another doctor while they were away on holiday. It seemed the doctor had acted correctly from a medical point of view, but the consultation had lacked sensitivity. My patient turned angrily to me and said, 'If you doctors don't care, then you're nothing.'

Perhaps it is not lack of factual education that is wrong in general practice but that doctors are unable to cope with the demands put upon them by the patients who need care. Perhaps as a profession we have to look at how we teach doctors to care and to cope with the emotional demands put upon them.

Approximately 70% of all consultations are for self-limiting illness. Why then do the patients come? If they want a sympathetic ear this suggests that they know they have a self-limiting illness but nevertheless need care and reassurance from the doctor. Having somebody care about you is flattering and reassuring and many of our patients may come for a dose of this, rather than a prescription from a disinterested doctor.

I feel we are in danger of becoming bogged down in the measurables — immunization uptake rates, prescribing habits, practice facilities and so on. These are so essential to modern general practice that they should be mandatory anyway. What really helps patients is support from a doctor who cares about them as human beings and who is prepared to care for them in order to allay their fears and reassure them of their worth.

Primary care is about caring for the primary person in the consulting room; the patient.

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Sir,

I was interested to read the account by Drs Gau and Gau on the expectations of patients in their general practice survey (Letters, May *Journal,* p.227). They mention that whereas doctors thought patients wanted to be cured, 70% of the patients surveyed wanted to be listened to and taken seriously, and they then go on to conclude that patients were more interested in the process than the outcome. I would like to argue that being listened to and taken seriously may from the patient's point of view be an outcome and not a process at all.

This illustrates the dilemma that faces the College in its quest for quality of care in respect of outcome — who defines outcome, the patient or the doctor. The findings of Drs Gau and Gau that patients wanted to be listened to and taken seriously will come as no surprise to