

Written lists in the consultation: attitudes of general practitioners to lists and the patients who bring them

J MIDDLETON

SUMMARY

Background. Written lists of patients' concerns could help to improve doctor-patient communication in primary care consultations.

Aim. This study set out to explore the attitudes of doctors to written lists, and to the patients who bring them.

Method. A piloted questionnaire was sent to all 58 trainers in the Leicester sub-region — 49 (84%) responded.

Results. There was evidence of ambiguity in doctors' attitudes to lists — 71% thought that they were an aid to clarifying problems, but 67% felt that they would be time consuming, and 45% thought that more patients should bring lists. Doctors also appeared to have a negative stereotype of the patients who bring lists, with 90% endorsing the description *obsessional*, and over 50% the descriptions *heartsink* and *neurotic*. Also, over 75% thought such patients were middle aged and female.

Conclusion. If patients were to be encouraged to bring lists to consultations, in order to improve communication, it might be necessary to overcome some negative perceptions of doctors, which are perhaps engendered by a small number of patients.

Keywords: consultation process; doctor-patient relationship; patient concerns.

Introduction

THERE has been a trend in general practice towards the advocacy of patient-centred consultations.¹⁻⁴ Byrne and Long found that doctors frequently failed to discover the reason for the patient's attendance.¹ Pendleton and colleagues further expanded this area in relation to the ideas and expectations of the patient,² while Tuckett and colleagues looked at ways of improving doctor-patient communication so that management could be more reactive to the patient's needs.³ A proposed consultation framework emphasized the importance of the patient's agenda.⁴ If the patient's agenda is of such importance, and if the doctor so often fails to address it,^{1,3,5} it could be argued that there is a strong case for the patient to bring a written list to the consultation.

At present it appears that only a minority of patients consult with a written list. In a 12-month survey in a practice of 11 000 patients, only 45 lists were seen, generated by 36 patients (Middleton J, unpublished data). However, it is possible that doctors may associate these few patients with types of behaviour which might prejudice the reception of others, were they to come with a list.

The aim of this study was to explore the attitudes of doctors to written lists and the patients who bring them, in order to establish whether or not there might be a barrier, in the minds of doctors, to more patients bringing written lists to the consultation.

Method

Concepts for a questionnaire of doctors' attitudes were identified by collecting references to patients with lists in the popular medical press and generating discussion with doctors in a local general practitioners group and in trainers workshop groups. Using the concepts identified, a pilot questionnaire was designed. This listed all the concepts identified and provided further space for respondents to suggest other concepts which they thought relevant. The respondents were invited to put a ring round each concept which they thought was true of lists or of patients who bring lists. In September 1991 the pilot questionnaire was tested on 40 doctors in training practices (both trainers and their partners) in the Leicester sub-region (Leicestershire and South Lincolnshire). A final questionnaire was drawn up incorporating all the concepts which had been ringed more than once in the pilot study (all of those listed), together with any additional description that had occurred more than once (only 'forgetful').

In the final questionnaire, a yes/no format was used in order to polarize the issues. All responses other than positive responses were excluded. In April 1992 the final questionnaire was sent to all trainers in the Leicester sub-region, a total of 58 doctors. It was thought that trainers would be interested in the topic of communication in the consultation, and would thus be motivated to respond.

Results

Of the 58 trainers 49 returned the questionnaire (response rate 84%). Twenty two respondents were under 40 years of age and the remaining 27 were aged 40-59 years. All three women trainers responded.

The concepts on the questionnaire were divided up into three categories: features of lists, demographic patient characteristics and patient adjectives (Table 1). One doctor made no response to any of the patient adjectives, stating that a middle response was required.

Overall, 71% of respondents felt that lists were an aid to clarifying problems and 65% that they were helpful (Table 1). However, 67% felt that they would be time consuming and only 45% felt that more patients should bring lists. A clear majority of the younger trainers were in favour of more patients bringing lists, compared with a minority of the older doctors. However, the majority of the older doctors regarded lists as helpful, although the majority also saw them as time consuming.

More than three quarters of the respondents thought that patients who bring lists tend to be *obsessional*, *middle aged* and *female*. Over half of the respondents endorsed the descriptions *anxious*, *middle class*, *heartsink* and *neurotic*. All three women doctors endorsed the top four categories. There were some clear differences in perception between the under 40 years age group and the 40-59 years age group. The younger group were more likely than the older trainers to endorse the concepts *middle aged*, *female*, *practical*, *manipulative* and *authoritarian*. The older group were more likely to endorse the concepts *middle class*, *neurotic* and *forgetful*.

J Middleton, BA, FRCGP, associate adviser in general practice, Leicester University.

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Table 1. General practitioners' attitudes to written lists, and to the patients who bring them.

	% of GPs responding positively by age		
	Under 40 years (n = 22)	40-59 years (n = 27)	Total (n = 49)
<i>Features of patient lists</i>			
Aid to clarifying problems	73	70	71
Time consuming	55	78	67
Helpful	59	70	65
More patients should bring them	64	30	45
<i>Demographic characteristics of patients who bring lists</i>			
Middle aged	95	74	84
Female	91	67	78
Middle class	59	74	67
<i>Adjectives describing patients who bring lists^a</i>			
Obsessional	91	88	90
Anxious	77	73	75
Heartsink	64	65	65
Neurotic	41	62	52
Similar	50	46	48
Practical	55	38	46
Manipulative	41	27	33
Authoritarian	32	23	27
Bowel-oriented	23	23	23
Forgetful	9	15	13

n = total number of respondents in group. ^aOne doctor aged 40-59 years did not respond: n = 22/26/48.

Discussion

The aim of the study was to explore the attitudes of doctors towards written lists, and to the patients who bring them. The doctors' perceptions do not necessarily reflect the characteristics of the patients. The questionnaire used a forced choice, following the precedent of the conservatism scale.⁶ The rationale of this is that brief labels or catch-phrases represent familiar and controversial issues. It is assumed that in the course of previous conversations or arguments, respondents have formulated strong views about the concepts in question and are able to indicate their position immediately. As only one respondent in this study objected to the forced choice, in the context of a high response rate, the use of this method appears justified. However, the study did not include a control group, and the results should not be extrapolated too far.

There was evidence of some ambiguity in the feelings of doctors about the utility or otherwise of written lists, and whether bringing them to the consultation should become a more widespread habit. It is possible that the younger doctors felt more threatened by patients who brought lists than the older doctors, as more of the former regarded such patients as manipulative and authoritarian while more of the latter regarded them as neurotic and forgetful.

Overall, the doctors appeared to have a negative stereotype of patients who bring lists with 90% endorsing the description obsessional and over 50% the descriptions heartsink and neurotic. Also, over 75% thought that such patients were middle aged and female. It could be argued that general practitioner trainers are more likely to be interested in improving communication in the consultation, and therefore more likely to accept the idea of lists as a means of improving it. Thus, it is possible that non-

trainers might have an even more negative view of patients who bring lists. On the other hand, trainers might be passing on their prejudices about lists to their trainees.

While it is true that patients who bring lists are small in number, they nevertheless seem to loom large in the perception of doctors, as judged by references in the popular medical press and in group discussions with general practitioners. Nevertheless, the use of written lists might be a way forward in improving communication between patients and doctors. In order to make progress in this area, it might be necessary to overcome the prejudices engendered by a small number of patients who already bring lists. Further research is planned to establish the acceptability of patients bringing lists, and the effects on outcome. Case histories of patients who already bring lists are being collected, in order to see how far they match the negative stereotype of the trainers.

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Address for correspondence

Dr J Middleton, 2a Storer Road, Loughborough, Leicester LE11 0EQ.

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