Information gathering

Sometimes the most mundane contact can turn out to be charmingly surprising. A lady in her eighties came to see me recently about her knee pain. I hadn't seen her before and her notes were sparse with hardly any background information. She obviously didn't need to see doctors very often. She was spry and energetic with a lovely smile. I could almost imagine her cast in a film as the kindly grandmother who dispenses sensible advice and comfort in equal measures.

She started to tell me a little about her pain; she had had it for several years but it was now interfering with her gardening and shopping. As I was keen to practice cutting edge, modern general practice the first thing I asked was 'Do you smoke?'. She said she didn't and I fed the information into my demanding computer, but before I could ask the next questions, screening for depression, she corrected herself sheepishly 'Well, actually, when I was a girl I used to smoke Sobranie Black Russians.'

As she said these words she seemed to transform on the spot. She suddenly looked younger, her eyes sparkled more and the kindly smile had become distinctly coquettish. I could almost see the black and gold-tipped cigarettes draped elegantly across her fingers. Saying the exotic name had been like a magic spell. She was back in a time when lighting one of these cigarettes transported her from her life in a sleepy Welsh steel town into a world of sophistication and film star glamour. The kindly granny had become a Hollywood *femme fatale* in front of my very eyes.

Ironically, my narrow focused approach had accidentally given me a much more rounded understanding of this lady. Perhaps the sophisticated self-image she had while smoking the Sobranies in her youth had persisted into her older years, and helped to shape her into the self-reliant, independent lady sitting in front of me. Smoking good for you? Who knows?

It almost seems ingrained in us, the need to make instant judgments and put people and things, situations into rigid and easily managed boxes. A lot of the time it's necessary to instinctively try and distill simplicity from the complexity around us or

we would not be able to cope. Sometimes we need a jolt to remind us that most people are not defined by first impressions and surface appearance. General practice prided itself on knowing patients as people and not as 'the gall bladder' in bed six or 'the pneumonia' in the side ward. Perhaps this has needed balancing. It can be a distraction from getting to know objective, important details about patients. We need hard information and cold data to make their lives better. But where does the balance lie? A legitimate quest to be more scientific and organised has led to us imposing our data collection agenda and sometimes missing out on what is important for the individual patient.

Being scientific and rigorous is not incompatible with being curious and imaginative. That most iconic of all scientists, Albert Einstein, said:

'The most beautiful experience we can have is the mysterious. It is the fundamental emotion which stands at the cradle of true art and true science. Whoever does not know it and can no longer wonder, no longer marvel, is as good as dead and his eyes are dimmed.'

I have to admit that on many a busy morning the only wonder I'm aware of is wondering how long it'll be before I can have a desperately needed cup of coffee. But if we do lose our sense of wonder completely we will miss out on discovering unexpected richness and depth that can add a sudden spark to the draining ordinariness of the day. What's more, our patients despite being perfectly counted, measured, and 'QOFed' will be missing out as well.

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