



“... doctor jokes seem to be a product of a bygone era of general practice ...”

‘Doctor, Doctor, have you elicited my expectations?’

A couple of years ago I was asked to talk at my children’s primary school in some kind of (very) early careers advice programme. The brief was broad — ‘What it’s like being a GP’ — but I knew immediately where to focus my efforts. This was a group of 10-year-old kids. What a perfect and unique opportunity to legitimately explore the grosser side of clinical practice! Pus. Vomit. Poo! In particular, a chance to dispel (or reinforce, depending on how mischievous I felt at the time), some of those entrenched lay myths about health and illness. That sitting on cold concrete gives you piles. That watching too much TV makes your eyes go square. And that the best way of removing a tapeworm is to starve for 3 days and then wave a raw steak over your bottom.

To complement my oration, I scoured the internet for good doctor jokes (that’s good jokes about doctors rather than jokes about doctors of high moral standing; they would be a lot less funny). I was struck by how dated all the gags from this specific comedy genre came across. And not just because recent evidence would suggest that the origins of doctor jokes were from Roman times.¹ They seemed to be a product of a bygone era of general practice; the white-coated, authoritative doctor and the ignorant, often uncomprehending patient. In contrast, the rise of patient-centred medicine² has transformed the general practice consultation to the inclusive, non-hierarchical, shared-decision making model we (attempt to) practice today.

I therefore wondered whether there was a need to update the ‘doctor doctor’ jokes of yesteryear to reflect modern times:

Patient (P): *Doctor, Doctor, I can’t stop shaking!*

Doctor (D): *Please call me Bob.*

P: *Excuse me?*

D: *I said please call me Bob. Using my first name might help overcome any perceived power differential in the doctor-patient relationship, and help build rapport between us.*

P: *Mmm. OK. Sure. I’ll start again. Bob, Bob, I can’t stop shaking!*

D: *Please tell me more about it.*

P: *No, you’re now supposed to ask me a closed-ended question.*

D: *I know. But I find using an open-ended question at the beginning of the consultation yields more information and is more patient centred. And I have been reassured that it won’t make the overall consultation duration any longer.*

P: *This is a joke!*

D: *Oh dear, I’m so sorry. Have I upset you?*

P: *No, not at all. I am just saying this is meant to be a joke.*

D: *Oh yes. Sorry. You’re right. A closed-ended question. Alright, do you have a specific concern about the shaking?*

P: *Not really. Perhaps try something like ‘Do you drink a lot of alcohol?’*

D: *OK, if that is your expectation from the visit. ‘Do you drink a lot of alcohol?’*

P: *No. (Dramatic pause). I spill most of it.*

D: *That must be very troubling for you. [Silence].*

P: *We’re finished. That was the punch line.*

D: *Oh yes sorry. Is there anything else I can help you with today?*

Or perhaps not. At least not for the primary school kids.

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REFERENCES

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