PRACTICE OBSERVED

Overlapping General Practice

Part time agony aunt in trousers

RICHARD SMITH

What sort of person writes to a magazine with a medical problem? Do you know anybody who has ever written to a magazine or "phoned in" to a radio or television programme with a problem? Of course you don't, and the assumption is that the people who do are marginal, sad, lonely, and inadequate—the sort of people who try to find mates through lonely hearts ads. The discovery that I have made since starting to answer medical letters for a national women's magazine is that most of the correspondents are as sane and ordinary as you, I, or the girl next door. They are similar to the patients who pass through an average general practice surgery. The only difference is that they are more desperate than the average patient; many, indeed, have already seen several doctors.

A media service to their readers

The magazine that I advise receives up to 200 letters a week. Other women's magazines have bigger circulations, and their agony aunts must receive more letters. Claire Rayner, the busiest agony aunt of them all, receives 1000 letters a week. She coyly describes this as a small response because through the *Sunday Mirror* (14m), *Woman's Own* (8m), *BBC Breakfast Time* and her own television series (4m together), and *Capital Radio* (3m) she reaches 27m people a week. (Some of them must be the same people, Claire, but it's fun to calculate that a general practitioner would need to do surgeries for about 2000 years to see that many people.) But adding together Claire's one woman industry with all the other national and local magazines and newspapers that offer the services of agony aunts, as many as 10 000 people a week may write. Compared with the five million consultations that take place in general

practice each week, and remembering that not all the 10 000 letters to agony aunts are "medical," it isn't that many, but it's still a sizable service.

Answering all those letters—and they all are answered—is a big job. Claire Rayner employs seven girls: one to open the letters, five to type, and one to supply leaflets, addresses, and names. Claire answers them all herself in addition to writing all the copy and making the broadcasts that generate the letters, writing her novels (a chapter a day), and doing one off jobs like debating at the Oxford Union. She is a superhuman agony aunt: as John Fry or Geoffrey Marsh is to general practice so she is to many agony aunts. Claire Rayner is a generalist, and the letters she receives are as diverse as the patients who pass through an average general practice surgery. The magazine that I advise has the agony aunt herself, one assistant, and a secretary, and me to whom they refer only about 10 letters a week. Those 10 are not the only medical ones: others ask for straightforward information on subjects like contraception or the menopause that can best be provided with a standard leaflet. Many of these leaflets are produced by the Health Education Council, or the Family Planning Association, and the like, although most agony aunts also produce their own.

Is this all selfless charity on the part of the magazines? It certainly isn't, because the problem pages are some of the best read pages in magazines. Stuck in a waiting room with nothing else to read but a woman's magazine, I have always turned to the problem page, and so, I think, do many other casual readers. Most of us—perhaps in some slightly unsavoury and prurient way—are interested in other people's problems, vicariously tasting the bizarre or sordid.

Why do people write?

People writing with medical problems divide immediately into two camps: those who have seen doctors and those who have not. Most correspondents have seen doctors about their problems, but the few that have not are the most worrying. One woman wrote (in all quotes I will use the original punctuation): "About a year ago I had a very bad attack of Bronchitis (I'm 73)

I've no scientific answer to the questions, and I don't suppose I ever will have: studying the correspondents to women's magazines would be to study Alcoholics Anonymous—just not on for ethical reasons. But the agony aunts do hear back from satisfied customers (and from dissatisfied ones), and the letters continue to flow. Certainly when I have a problem I find it is easier simply to write than to say it. I usually, however, send my letters to friends in Papua New Guinea rather than to an agony aunt.

For me reading the letters provides an intriguing, if distorted, insight into what patients think of their doctors and into problems that worry patients enormously but that don't much interest doctors. Hair problems—both too little and too much—are the best example of a condition that makes patients utterly miserable but which is brushed off by doctors. Sometimes the letters offer me bantersome problems. One woman, for instance, wrote to say that she had once been unfaithful to her husband and that after the indiscretion she had become pregnant. She had never told her husband, but she was now terrified that her 16 year old daughter would realise when she became a blood donor that her father was not her biological father. The mother was B Rhesus positive and her husband A negative. Was there any group that the daughter could be that would let her know that her father could not be

her real father? The poor woman obviously had more serious problems than the genetic puzzle, but it was an interesting question.

Occasionally, we receive letters from the sort of patients who make general practitioners wince, and I'm quite confident that the doctor would be only pleased that his patient is writing to a magazine and not troubling him. Such a patient wrote: "I am 21 and have a few health problems. My first problem is sinusitis. . . . The second problem is one of poor circulation. . . . The third is arthritis. Is it an inherited condition? . . . Finally, acne—my skin is terrible. . . . PS. Is there a cure for ankylosing spondylitis? A friend of mine has this and is given pain-killers."

One or two of the letters are pure, sad poetry: "I am told that there is a name for my complaint. I have difficulty in speaking and writing and I cannot count. My grandchildren count my stitches in my knitting fortunately, I can read. Please answer me."

References

- 1 Rayner C. Dear Claire, my GP just doesn't care. *Doctor* 1983;July 21:21.
- 2 Smith R, ed. *The Macmillan guide to family health*. London: Macmillan, 1982.

Papers That Have Changed My Practice

Treating diabetes and dementia

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I have a friend who every Saturday morning religiously reads through a many journals as he can before lunch. One of his instructive musings on the state of general practice today. He fits in with his commitment to a busy inner city practice, the many family activities that four children and a teaching wife produce, a passion for marathon running, and an active interest in the Christian church. He keeps a notebook of his readings, scribbling references, addresses, new drugs, new books (to acquire and maybe to read), and a variety of memorable observations for future use. Discussing this diary of idiosyncratic distillations, we pondered the criteria for inclusion from some of the mass of solicited and unsolicited reading material available to the general practitioner today.

An average of 12 "journals" a week daunt the speediest reader, and selection must be based on at least four criteria. One must be the speed at which it can be read. Two is probably the hierarchical status placed on the particular journal—that is, whether *Pulse* takes precedence over the *BMJ*. Three is the mood of the reader at the time. (It is no use trying to untangle

the contortions of an original paper in the *Journal of the Royal College of General Practitioners* late on Friday night when a warm whisky is suppressing what discriminating abilities are left after a busy week's work.) The final criterion incorporates that nefarious search factor—sometimes for a particular new item but often a conscious indulgence in areas of particular interest.

Such discussions set me thinking over my own reading and which articles, papers, or books might have made an important difference to my own practice of family medicine. Despite spending five or six years at medical school and at least four years in general practice training, there always seem to be gaps in knowledge and experience, which over the years are either ignored or papered over with half truths and assumption, like the debris of an ulcer dressed up by microprobe. Ophthalmology, dermatology, and neurology abound with such incomplete memories of eponymic syndromes and latinate descriptions. Patients presenting with such symptoms are often dismissed with "Let's see how it progresses" or "Take this and see me again if it's no better in a few weeks." Sometimes a review article or an editorial produces little drops of knowledge to scatter into these abyssal spaces, often condensing the whole mist into clear streams of understanding.

How often is our consultation a cover for routine boredom. In the surgery treatment of the next curia, another otitis media, or the unteachable incontinence closes the mind to new ideas and one plods on thinking how easy it is. Very occasionally a journal produces something different. A titbit that has more taste than expected and excites a new look at old ways.

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after much care and dosing myself I recovered but it left my Right Breast much enlarged and nipple indented completely." She wanted to be recommended exercises. My diagnosis was that this woman probably had breast cancer, but what should we tell her and why hadn't she been to her doctor? Even with such strong circumstantial evidence, to make a diagnosis of breast cancer by letter would be foolhardy: she may well have something else and a letter is no way to tell a woman that she might have breast cancer. We wrote and told the woman that we thought that she should see her doctor, which is by far the commonest answer to all the medical letters. But would this woman go? If she has treated herself for a "very bad attack of bronchitis" and is ignoring such obvious breast signs she must have some deep aversion to doctors. Why? Very often I find myself wanting to ask all sorts of questions, but I have never engaged in correspondence with the writers. I don't even write to the people directly: the agony aunt signs all the replies.

Another type of letter which is an attempt to sidestep doctors is that from people who have close relatives that refuse to go to see a doctor. Letters come from anxious women whose cantankerous old fathers refuse to see a doctor although they cough up blood, or whose sons have terrible acne but won't see a doctor, or whose husbands snore unbearably. Sometimes, but only rarely, you can reassure these people: usually you have to suggest that they inveigle their loved ones into seeing the doctor. Letters do come from men, but I've never seen a letter from a man worried about his mother, wife, or daughter who would not see the doctor.

Although Queen Victoria has been dead for 80 years, some people still find it easier to write to a magazine about their sexual problems than to go to see a doctor. Sometimes these people remain embarrassed in their letters: "I am 66 years old and my husband is 70, and I have just come home from a removal of gall bladder operation I expect to take care for at least six weeks. My husband is still on the 'rampage' I don't care for myself but he is very good to me—do you know of any little book I might buy to take the weight from me after I am better in health, my husband is in marvellous health but on the heavy side. I do hope I have made myself clear. . . ." This lady knew that she hadn't made herself clear at all. There are other problems that people seem to be ashamed to take to their doctors: "Am I growing a breast?" one man asked; while one poor woman had "almost died of shame" after a friend suggested that her daughter might have scabies.

A final category of correspondents who come undoctored to the magazine are those who half remembered something that they read somewhere and now want clarification: rather like doctors complaining about the media they seem to assume that all magazines, newspapers, and books are part of some seamless whole. One remarkable letter in this came from a farmer's wife: "I have always been in the habit of taking a huge amount of fat in my diet, so much that after I fry bacon I top the plate up full to the brim with the grease, this is what we country people mean by taking ham dip, I dip my bread into the fat and absorb all the fat onto the bread, I repeat this over twice a day as I love this diet so much, anyway people say I'm going to kill myself, but I'm not unduly concerned as . . . I read in a book if you eat anything with a lot of fat it will pass straight through the small bowel. . . . Is there any truth in this?"

Most opinions

Second people who write to women's magazines with medical problems have already had at least one brush with a doctor and have not been fully satisfied. The largest category is patients who simply want more information. Many have straightforward questions and can be easily dealt with. "I am going to have an intrauterine lens fitted, can you tell me where I can get some information about the operation, what it entails, and what I will be able to do afterwards. . . ." Why, I wonder, did this woman write to a woman's magazine with these

questions? Had the surgeon told her something? Had she not asked the surgeon the same questions? Or did she, like a good consumer, just want to have her information confirmed? All of these reasons apply in different cases.

Sometimes patients just don't understand the doctor. "I am 36 and have just been told that my thyroid gland is 'on the top of normal.'" Have you any explanatory leaflets about this upsetting condition?" Doctors understand the phrase "on top of normal," but think how terrifying or ludicrous it must sound to the patient. Another woman was told that she had "that doctor and specialist can only call 'trembling legs.'" She thought that she was being palmed off with a euphemism and might have felt more comfortable to know that she had Ekblom's syndrome (or maybe then she would have thought that she was dying).

Sometimes patients find themselves caught in the crossfire between warring medical factions: "I have two children, 5 years and 3 months, neither of whom have been vaccinated against whooping cough. We were advised against it some years ago as I had had convulsions as a child and my husband has an allergy to the dust mite. With this current epidemic we find ourselves pushed both ways. We have seen two GPs and written to various health organisations, all of whom offer conflicting advice. . . ."

Sometimes people write with serious conditions and yet appear not to have been told what is wrong. One 30 year old woman who had had a mastectomy wrote a chillingly articulate letter. Her problem was that she wanted a breast prosthesis but neither the surgeon nor the radiotherapist would give her one. The reason for this emerged when she said that the had had her ovaries removed "as treatment for backache." This young woman with two children seemed to have no idea that her disease was continuing and that her prognosis was poor. If I had been her doctor I would have told her what was going on, but in the circumstances I obviously couldn't: we advised her to go back to her doctors and pin them down to why they wouldn't let her have a prosthesis.

A 58 year old woman describing herself as "rather a lonely person" wrote saying that she had had palpitations and had seen the specialist who told her that she had aortic stenosis. "However I was not told much more. Is this disease likely to shorten my life? I have asked my GP but have failed to obtain much information." If this woman had gone to the public library and taken down from the shelf, for instance, *The Macmillan Guide to Family Health* she might have read under "Aortic stenosis: what are the risks?" "Aortic stenosis often leads to inadequate blood flow in the coronary arteries, and there is an increased risk of sudden death. . . ." She might have slumped to the floor in the reference section there and then. We wrote back and advised her to go back to her doctor and persist with her questions.

Many of the letters are from people who think that their loved ones have been killed by medical incompetence or negligence. "I have openly told the doctors that they murdered my husband." "My Sisters and I Brother are convinced that they gave him too much Radium. We think 3 weeks would have been enough. In fact we think they experimented on him." In other cases the writers themselves feel that they have been badly treated: "For all we know he could have been a cleaner, he certainly didn't act like a doctor. . . . The next day the midwife came to give me an injection which is called Prochloron Depot; could you explain why I was told not to mention it to anyone not even the hospital?" Most of these people have quite clearly been the victims not of negligence but of appalling public relations. Some look as if they might have a case, and these are pointed in appropriate directions.

What's the result?

Is anybody helped by all this epistolary medicine or does it simply generate a few irresistible papers for the magazine?

Diabetes

I have never known why diabetes mellitus gives so many doctors the mumbles. It seems to be perceived as a complex multisystem disease needing many specialists and expensive technology to treat it. I was fortunate as a student to creep my way into the enthusiastic purview of two extremely good teaching diabeticians, consolidating this with a house job on a diabetic firm, and later a clinical assistantship at a hospital. Diabetic clinics in hospital always seem to be a confusion of thick folders, a quick glance away from the cat and mouse game as doctor and patient quibble over principles of control. A three hour visit to see yet another new doctor does not enhance the patient's compliance with his local clinic. Thus I started to search for new ways of helping patients with diabetes directly from the practice. It was no surprise to find after a few years that most patients with diabetes in our practice were referred to me. It soon became obvious that the service they were getting was barely better than at the hospital, where appointments were scattered throughout the week.

Dr R D Hill's paper in the *BMJ* in 1976 on "Community care service for diabetes in the Poole area" provided the break-through and the encouragement for me to set up my own specialist clinic for one session a week. The paper explained how Dr Hill and a group of interested general practitioners in the Poole area selected a group of patients, mainly with maturity onset diabetes, and arranged for the general practitioner to carry on basic care and receive a complete review of all investigations of diabetes monthly, three monthly, or six monthly depending on the patient's state. Blood sugar concentrations obtained beforehand by patients attending at the laboratory enabled the general practitioner to incorporate the results into a diabetic cooperation booklet. This had left Dr Hill's clinic free to treat and counsel new patients with diabetes or those with emotional or control problems. Virtually all patients and doctors had found it administratively acceptable and satisfying.

A trip to Poole and Dr Hill resolved some of my doubts, the rest being swept aside by the encouragement (tinged with relief, I thought) from all the consultants who organise the diabetic clinics locally. The enthusiasm of most patients attending a meeting to inform them of our intentions added further incentive. Soon Thursday mornings began with a pile of brown coded folders, the patients being assessed first by sister with her glucometer, sphygmomanometer, and eye drops and then passed on to me for a full examination, a foot check, funduscopy, and a chat. Disputes over diet, alcohol, and "Don't put me on insulin, doctor" were repeated in many consultations, but since the clinic was started 90% of patients have preferred to come to the Hospital admission and referrals for complications have dropped by two thirds. Foot and eye problems are dealt with in half the time they used to be. Sister and I have the thrill of knowing one group of patients really well and can genuinely appreciate the flushed response of an "Ah ha! Now we know how to do it."

Dementia

There is nothing more demoralising than the tired rotting of a dementing brain. That gut reaction, when your shoes are suddenly empty, when you are unable to remember the name of the person who is sitting next to you, is evidence of the powerlessness we all feel sometimes. It is not so much the pungency of household aromas or the vacuity of the Hospital admission and referrals for complications have dropped by two thirds. Foot and eye problems are dealt with in half the time they used to be. Sister and I have the thrill of knowing one group of patients really well and can genuinely appreciate the flushed response of an "Ah ha! Now we know how to do it."

carpets? Empty conversations and hollow humour draw few threads across the chasm between our lives. To be sure, an in depth history will find links—age old reminiscences of long dead relatives, yesterday's wars, and adolescent exploits. Funny ghettos of memory walled in with confabulations against the oppression of empty space. The horror of this necrosing insanity leaves an impotence of lenitive words and flaccid hand to support the nurse's Herculean courage. When you leave you try to avoid the tired eyes. If your ambrosial sympathy fails to make her cry then her anguished goodness leaves you with the car shredded tears of hopelessness.

A few days away is always a respite, especially when catering, children's entertainment, and the drinks are someone else's responsibility. My nursing sister and her accountant husband are comfortably ensconced in rural Kent and provide just the right mix of secular and professional reprieve to stimulate and relax a winter weekend. In a lull I can still look for literary stimulus and, though deliberately bereft of the usual sheaf of journals, can look for other less familiar reading matter. I am told that the *Nursing Times* is the erudite upmarket journal for ambitious state registered nurses, so it was no surprise to find, snuggling neatly between smooth deliberations of stoma care and tracheal lavage, a paper entitled "Reality orientation—a way forward." The surprise came, billowing into unsurpassed excitement, with the realisation that the Merchant and Saxby jargon was referring to a brave new way of helping those who were there to be helped. The paper outlined a study on some residents with senile dementia on a long stay psychiatric ward. The nursing staff, occupational therapy team, and psychologists had used a technique of repetition, constant reminders, and regularisation of behaviour to produce changes in the residents, including reorientation and elimination of incontinence.

The optimism and enthusiasm were obvious and stimulated fresh thoughts of my management of this most malignant of conditions. By taking a positive outlook and first of all asking the many carers of the Aunt Annie I visit regularly to list the fragments of acceptable behaviour and intact personality, we produced an inventory of activities to work on. Then came the weeks of ruthless orientation to repeat names, numbers, colours, foods, and actions over and over again. The key was always to follow success by "Well done" or "You are marvellous." Soon a change in behaviour could be detected. Smiles occurred. Names, times, and places were repeated accurately. Then began another rigid chore of hourly or even half hourly toileting, finally eliminating that odorous cure that prompted so many apologies. I saw the paper sometime in 1981 and my "Eureka!" I had been steadily filling the vacuum with cheerful chatter and new links between the islands of sentence. I can now leave Aunt's once with vibrant words and a firm hand and she can clasp it back with the relief of being in control again.

My friend's diary is full of references, so many to lost causes, good ideas shrivelled in the rocky soil of too many commitments. But reading must throw up challenges and causes to follow and explore. Such discoveries make so much difference not only to standards of care but to the enthusiasm and excitement of a satisfying career.

References

- 1 Hill RD. Community care service for diabetes in the Poole area. *Br Med J* 1976;113:74.
- 2 Merchant M, Saxby P. Reality orientation—a way forward. *Nursing Times* 1981;77:1442-5.