

similar to that achieved at a specialist clinic. Because of the broad spectrum of diseases in primary care, a high grade of time efficiency has to be a prerequisite. This seems to be fulfilled by the case method of learning.

To conclude, learning based on the case method for general practitioners resulted in a beneficial change in clinical practice. Conventional introduction of practice guidelines had no effect. We would strongly question the impact on patient outcome of practice guidelines in themselves and advocate complementary methods aimed at changing the attitude and behaviour of physicians.

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## An anatomy of errors

He came in calmly (and went out in a huff).

I had my nose in his medical notes (first error). I did not look up as he opened the door, a missed opportunity to notice the expression on his face, the way he walked, etc (second error), or to give a welcoming smile. He told me that he had a chronic pain in his back. I told him to hurry up and take his clothes off down to his waist and get on the couch so that I could examine him (three errors in under 60 seconds).

"If that's the way you feel, doctor, I'm going." And he did, disappearing through the door. I was aghast.

"One of the great disadvantages of hurry is that it takes such a long time" (G K Chesterton in *All Things Considered*). Later, during the same surgery, one of my patients asked me: "Are you all right, doctor? You don't seem to be your normal self today." I wasn't, though I probably just murmured something vague in reply, and I may have given a wan smile.

The moment surgery ended I left with none of the usual niceties, not even looking at the home visits list for the day. My own disappearance through the door was purposeful, reflective, and anxious. My destination, the angry patient. This was an important visit, and I admit to a few nervous palpitations as I arrived at his home. His wife opened the door and smiled, which was encouraging, I thought. He was standing in their front

room. I apologised to him for my rudeness and haste, no excuses. We sat down face to face. I listened to his story, giving plenty of time. We shook hands in a friendly way.

On my return to the surgery, I realised that I hadn't examined him—another error? This time it may have been due to my absent minded relief. He returned to see me a week later to tell me that his back pain had gone as mysteriously as it had come.

There was much talk in the practice about this incident, involving our trainee at the time. I think I quoted from *Zen and the Art of Motorcycle Maintenance* (Robert Pirsig): "When you hurry something, that means you no longer care about it, and want to go on to other things."

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We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.