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PRIMARY COLOUR

Helen Salisbury: Metaphors, enemies, and empathy

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Attitudes are shaped by language, and the metaphors we use to express our ideas inevitably colour the way we think. If, when we open the doors of our surgery on a Monday morning, we talk of "bracing ourselves for the onslaught," it may say something about our attitude towards our work and patients (or towards Monday mornings in general). Many metaphors are so commonplace as to be largely unremarkable, but sometimes they leap out at you.

Last year I attended an event for GP trainers where the speaker talked of clinical medicine as a "combat zone." He referred to teamwork as "understanding that we are all in this foxhole together," and he generally berated the audience for failing to prepare trainees for the "battlefield ahead." Some of this language may be a hangover from the same military roots that have left us with medical "officers" and "doctors' messes." Even our politicians talk about the "front line" of medicine. But, if medicine is war, who is the enemy? The obvious answer is "pathology"—but it doesn't always come across that way.

All GPs will have moments when they feel besieged by patients, particularly when they are under-resourced and overstretched. Many of my patients are grateful, and some are cheerful, but there are also some who are unhappy with life in general—and the health service in particular.

It can be hard to maintain unconditional positive regard in the face of what seem to be impossible demands and undeserved complaints. On some days I have to pay particular attention to my emotional housekeeping, just to be able to greet each patient with a fresh smile. When we need to squeeze extra patients in, my annoyance about running even later risks being translated inappropriately into irritation with the patients themselves or with reception staff.

The adage that it's good to "know your enemy" means that understanding how they think will help in planning your defences. But, if you really put yourself in their shoes and try to understand them as people, in most cases the enmity dissolves. Thus, a useful counter to the battlefield mentality is a constant and vigilant attempt at empathy. As well as asking about physical symptoms, we need to explore patients' thoughts, feelings, and worries and to consider how our words or actions affect them.

I know that sometimes I fail to contain my own emotions or to understand patients' feelings, and the attempt can be tiring. When I do manage to turn around a tricky consultation, the warm glow of a successful interaction lasts longer than the quick fix of an irritated rant to a colleague when it goes wrong (although we all need that safety valve sometimes). This conscious effort after empathy is necessary if I wish to keep my surgery as a place of healing, not conflict.

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