



VIEWS AND REVIEWS

The heart sink doctor

Much has been written about so called “heart sink” patients, but **Jonathan Glass** says what doctors need to avoid is becoming the heart sink doctor

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Every Friday morning our department has an academic meeting, lasting an hour. They are a highlight of the week. Occasionally we have a “round the room” session, where each of the consultants spends a few minutes discussing how they approach a particular patient group—men with erectile dysfunction, for example, or women who have had recurrent urinary tract infections.

This week the subject was our experiences with what has been termed the heart sink patient. Each of us was supposed to talk about cases that we've found difficult, whether it was a patient with a particularly challenging condition or a puzzling set of symptoms, likely to be organic in origin. It's those cases that cause the doctor to hold their head in their hands while they generate the mental strength to call the patient into the clinic room.

I thought a lot about the idea of the heart sink patient before creating the one slide I used for my contribution. The kind of person who fits the description has often engaged with healthcare many times in their lives. They've seen the otolaryngologist about their sinus problems, been diagnosed with irritable bowel syndrome by the gastroenterologist, discussed their headaches with the neurologist, and their heavy periods with the gynaecologist. They are familiar with how the healthcare system works, they're used to seeing the junior doctor in clinic, and are often sent around the houses to different specialists.

This made me reflect on what we're doing wrong as healthcare professionals. My suspicion is that these patients are often met in clinics by what they might consider to be the “heart sink” doctor.

They will know the doctor I'm talking about—unengaged with no interest in the patient. The doctor who is thinking about what they're doing at the weekend or whether they're going to make it to their kid's parents' evening, or who has become disillusioned with the job they thought they had signed up to 30 years ago when they left medical school. Don't think the patient doesn't spot you—they are likely to be adept at recognising the heart sink doctor almost as soon as they walk in.

What defines the heart sink doctor? Well, that was the content on my single slide.

Heart sink doctors arrive in clinic bored and uninterested. They try to rush the consultation and are distracted by their phone or their bleep. They don't make eye contact with the patient—their focus is directed at the computer screen. They make no attempt to discover anything about the person in front of them other than their presenting symptoms. They are condescending, superior, and paternalistic, and don't respond to any cues that the patient or their relatives might offer.

They leaf through the notes during the consultation, having not done so before the patient entered the room. They listen poorly, and don't give the patient time to speak or voice their concerns. They fail to adapt their language and responses to the person in front of them and don't recognise any cultural concerns that might be pertinent. They are protocol driven and fail to individualise the care they offer. They are looking to refer the patient on to another specialty at the earliest opportunity.

I understand how we can all fall into the trap of becoming such a doctor. The demands placed upon us by the healthcare system are endless. In my first ever ward round, my consultant, Paul Abel, said to me, “Jonathan, today you will be given a list of things to do; you will never finish it.” He was right. Our challenge, however, is to give patient number 11 the same freshness as patient number one.

It can be hard to put away all our other stresses and focus on the person in front of us. But we should never forget that we are in the remarkable position of being given a window on the lives of so many fascinating people. If we can maintain the enthusiasm for having that privilege, it will help us continue to deliver high quality frontline care to those patients whose cases challenge us. The so called heart sink patient may, in fact, need our time the most. We need to avoid becoming the heart sink doctor.

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