BMJ 2019;365:l2303 doi: 10.1136/bmj.l2303 (Published 28 May 2019)

VIEWS AND REVIEWS

PRIMARY COLOUR

Helen Salisbury: Great expectations

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Modern medicine is marvellous. Before the 20th century our main tools were surgery and sympathy. Even in my lifetime our ability to treat and cure has increased dramatically: think of HIV and hepatitis C in the past few years alone. Most of our patients are aware of this and have high expectations of the medical profession.

The importance of exploring these expectations is routinely taught in medical schools, as part of that triad of "ideas, concerns, and expectations." But the skills needed to do this well are sometimes underdeveloped. Students know that they should ask but haven't yet found the right words.

"What are your expectations of this consultation?" is likely to be met with a blank stare and is only marginally better than "What do you expect me to do?" which, frankly, sounds rude. Although this concept is taught in the classroom, it's less often modelled in the clinic or on the ward, perhaps because the answer is assumed to be obvious or because time is short.

However, asking whether patients have any specific treatments in mind, or whether they were expecting a particular referral or investigation, can help both patient and doctor and has been shown to reduce prescribing.[1] Sometimes reassurance is all that's wanted, and the consultation ends satisfactorily when the patient says, "Well, I was hoping you'd tell me it's not life threatening so that I can go away and stop worrying."

Some patients' expectations are inappropriately high: medicine is magical, and they have faith that, whatever's wrong, doctors can fix it. I've met patients with viral sore throats or sprained ankles who seem to think that, if only they can convince me of the urgency of their need and how important it is that they get better soon, I'll conjure up a cure previously withheld. I find myself frequently explaining that the body's capacity to heal itself greatly exceeds my ability to mend it.

Thoughts about what should happen next are often perfectly reasonable, but I need to reorient my patients to the current reality of waiting times in the NHS. Yes, seeing a specialist is a sensible next step, but sadly there's a six month wait before you can have an appointment.

Some patients expect very little, and they assume that their pain or fear is unimportant. Having absorbed the message that they shouldn't waste the doctor's precious time, they worry about being seen as making a fuss if they consult. And the most depressing mismatch between reality and expectation is in a subset of patients—thankfully rare—who assume the worst, believe that nothing can be done, and don't present despite serious symptoms. When such patients are finally prompted to seek help the disease is advanced, treatment is palliative, and their worst fears are confirmed.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

1 Matthys J, Elwyn G, Van Nuland M, etal . Patients' ideas, concerns, and expectations (ICE) in general practice: impact on prescribing. *Br J Gen Pract* 2009;59:29-36. 10.3399/bjgp09X394833. 19105913

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BMJ: first published as 10.1136/bmj.l2303 on 28 May 2019. Downloaded from http://www.bmj.com/ on 24 February 2022 by guest. Protected by copyright.