



VIEWS AND REVIEWS

PRIMARY COLOUR

Helen Salisbury: What my patients have taught me

Helen Salisbury *GP*

Oxford

Doctors spend a lot of time explaining things to patients: not just what might be wrong, but why it might have happened and how we can investigate and treat it. But the flow of information isn't just one way, and I'm grateful to my patients for the many things they've taught me.

Some are fairly simple, such as the time it really takes to recover from musculoskeletal injury, which is usually longer than the optimistic predictions in emergency departments. This is very useful when it comes to reassuring subsequent patients that the fact that their shoulder still isn't better at three months isn't abnormal and that they can still expect a full recovery.

Sometimes it's more a question of being reminded of what's possible. I know about the power of changing habits to improve health, but when I meet the patient whose life is transformed by taking up running, or the man who no longer has type 2 diabetes after losing weight, the theoretical becomes actual. When counselling others I can do so with conviction, with these patients in my mind's eye.

I ask patients to "tell me what happened when you went up to the hospital," not only to convey interest and empathy but as a genuine inquiry, as I may learn useful facts. It's easy to get rusty in primary care, and my knowledge of the latest hospital innovations may be technical rather than practical, learnt from journals and update courses and lacking important details. I could turn to the internet, but it's often more useful to ask a

patient what actually happens. I want to explain to the next patient what to expect, and what better source of a patient centred explanation can there be?

More than anything else, I've learnt about the unpredictability of medicine and the wide variety of reactions to it, both physiological and psychological. Much as patients like certainty, it's also useful to be able to outline, for example, the range of recovery times or the likelihood of side effects from medicines. I can sometimes find numbers and evidence, but mostly patients ask, "What have you seen in another patient like me?"

Possibly the most important thing I've learnt—but I often need to remind myself—is that people have reasons for their actions that I can't guess and won't know unless I ask. Fears that may seem irrational turn out to be completely understandable when I explore the family history. Self neglect isn't so odd when you know of the intensity of caring responsibilities your patient has for others. And, when I do ask, I often learn about the reality of lives much harder than my own and the remarkable resilience of my patients.

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