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PRIMARY COLOUR

Helen Salisbury: How are you, doctor?

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We all know the conventions around replying to the seemingly simple question, “How are you?” If you meet a neighbour in the street, or chat with a local shopkeeper, custom demands a brief—and preferably optimistic—response. “Fine, thank you” is a good one, and “Busy, but bearing up!” is also acceptable. You’re even allowed to sidestep with “Looking forward to the warmer weather/the end of lockdown.” But what you’re not expected to do is actually tell the person how you are.

The rules are different with close friends. They really do want to know how you are, and they’re prepared to listen as you admit to your weariness with work or disharmony at home. These communications are reciprocal, as you listen to and support each other.

The medical consultation is a strange hybrid. When I ask my patients how they are, I do want a full answer. Sometimes the response is focused on a sore knee, or on palpitations, but often the broader question is answered because the patient has rightly assumed that I’m interested the whole person, not just a knee or a heart.

The difficult part comes when the question is turned back on me. “And how are *you*, doctor?” If I don’t know the patient well, I’m likely to respond with the standard, “Fine, thanks.” The relationship is not symmetrical: as doctor, I expect to hear everything about my patient, but they will generally know very little about me. If the patient is someone I’ve consulted with for years such brevity may seem rude, but a full and frank account of my current highs and lows still wouldn’t be appropriate. This is an in-between territory calling for some signal that, alongside the professional, there’s also an element of the personal.

Working out how to respond comfortably can be hard. As you become more confident in your professional identity, you may feel more relaxed when patients stray across the invisible boundary. If you’re lucky enough to continue practising in the same area for some years, you’ll come to know some of your patients very well. Although the relationship you have is an entirely professional one contained within the consultation, there’s often a warmth and personal connection too. Without it the interaction would be poorer, thinner, and less satisfying for both parties.

We’re encouraged in training to take a whole person approach to medicine, to see the patient before us as more than a collection of symptoms. So, although it may make us uncomfortable, is it really so surprising if some of our patients want to do the same with us, to see us as more than just a collection of knowledge and skills?

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