What should you do when you get stuck in your clinical care?

"Weiler's Law"
Nothing is impossible for the man who doesn't have to do it himself.

General Practice 'promotes health and well being both by appropriate and effective intervention. Interventions must be appropriate, effective and based on sound evidence whenever possible. Intervention when none is required may cause harm, and wastes valuable health care resources'.
From the European Definition of General Practice/Family Medicine

Traditionally GPs have a relationship with their patients over many years. For a generation GPs have been taught skills to improve their empathy and effectiveness in consultations. Now GPs have to advise stricter control in chronic diseases like diabetes. There is a conflict between having a long term relationship, that is empathic, and getting patients to make major changes in their way of life.

The transtheoretical theory of change suggests in relation to any behaviour change that patients are at different stages eg precontemplation, contemplation, planning, action, maintenance, termination and use different process to move from one stage to the next.

Hammerfest is a small town in northern Norway and everyone knows everyone else too well. A GP in Hammerfest says they have no time for euphemistic consultations. In England we tell a patient he has a body mass index of 36, In the Hammerfest consultation he is told he is disgustingly fat.

A study to assess the effect of additional training of practice nurses and general practitioners in patient centred care on the lifestyle and psychological and physiological status of patients with newly diagnosed type 2 diabetes demonstrated better communication with the doctors, greater treatment satisfaction and well-being. However body mass index was higher, triglyceride concentrations were higher and knowledge scores lower. There was no significant difference in lifestyle and glycaemic control. The trained practitioners seemed to give greater attention to the consultation process rather than to preventative care (reference 1).

In contrast there are stories that when doctors who have no continuity with the patient (eg locums, GPs in other parts of the country, or hospital doctors) give the patient feedback on their lifestyle, the patients remember the feedback and say it made a difference.

Dr Caresalot counselled one of her patients (Mr Heartsink) weekly for many years without ever making much progress. Dr Caresalot takes a much needed and well earned six month sabbatical to study how to improve her counselling skills so that she can give a better service within the 10-20 minutes appointments that she can actually provide for patients in her practice. Upon her return to her practice she is surprised that Mr Heartsink no

longer comes to see her. A year passes and finally Mr Heartsink comes to the doctor. They exchange greetings, Mr Heartsink is well except for a physical problem, shingles. They talk and eventually Dr Caresalot asks why happened that made Mr Heartsink not seek medical attention weekly. Mr Heartsink explains that the when Dr Caresalot was away he came to see the locum Dr Getalife, and the locum had listened to Mr Heartsinks usual list of worries and complaints and told him 'Pull yourself together', and so he had, and only wished someone had said this years ago.

So perhaps we now need two sorts of doctors the caring and empathic that helps patients through change, and a more honest and blunt doctor that gives the patients the truth about their self destructive behaviour and prompts the patient into changing their way of life. An example of an intervention could be that we target the poorly controlled diabetespatients, from our current knowledge decide what is the most important lifestyle intervention (diet, better tablet adherence, more exercise, switch to insulin) and send the patient an invitation to see our specialist in the management of poorly controlled diabetes Dr Hammerfest. Dr Hammerfest who is not in a long term relationship with the patient gives the patient the truth about the risks to health and very clear instructions about what the patient must do to reduce the risks to their health.

The usual GP & team then provide ongoing support for the lifestyle change.

The good news is that this is a relatively easy intervention, one consultation per patient, and can be applied to many practices.

Reference 1: Randomised controlled trial of patient centred care of diabetes in general practice: impact on current wellbeing and future disease risk. Kinmonth AL, Woodcock A, Griffin S, Spiegal, Campbell MJ. BMJ 1998;317: 1202-8.