EDITORIAL

Consultation - Not the time for shortcuts

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There are patients that a doctor remembers. Some of these patients I had only met once. Others were patients that I had seen over years, decades even. Being a primary care physician offers you the opportunity, and privilege, of seeing your patients over time. This continuing relationship between doctor and patients has been rewarding in many ways. Not least of these is the slight jolt of pleasure I feel when I see a long-term patient turn up again in clinic.

Yet, even a one-time meeting can be memorable. I remember the young girl who had seen many doctors and had many investigations conducted upon her including a complete brain MRI. She turned out to have multiple sclerosis, diagnosed when her left eye could not abduct fully on a simple ocular movement test. When confronted with diagnostic challenges, experience had taught me to start from the basics – a good history and physical examination. I referred her to the neurologist and never got to see her again though I often think of her when I teach neurological examination.

Proper history taking and physical examination is often overlooked and the usual reason given for this is a lack of time. It seems much easier to just order tests. Not having enough time is used as a reason for health care practitioners to take shortcuts but these 'time-saving' methods can put patients' health and lives in jeopardy. I was involved in a study that looked at patient safety in primary care clinics in Malaysia. In this cross-sectional study[1], diagnostic and management errors were found in half of the 1753 patients' records. Almost all of the medical records had some form of documentation problem. How can we justify lack of time as a reason for poor medical documentation? Or for not doing a detailed assessment?

Upon reflection, the patients who are the most memorable were the ones who taught me a lesson. In some of these, I had stopped asking my usual checklist of questions, taken a proper look at the patient and said "why do you look so sad, tired, angry (insert the right adjective)?" And they were brave enough to open up and tell me what was really wrong with them. In others, I had taken the time to do a detailed assessment. Asking them to take off their *tudung* to reveal a large goitre; percuss a chest to find a pleural effusion; listen to the heart to detect a murmur.

In this issue of the Malaysian Family Physician, the study[2] conducted by Ahmad BA, Khairatul K, Farnaza A audited waiting and consultation time at a clinic. I hope that we also consider the time when the patient is in the room with us.

References

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