EDITORIALS

From the Editor

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Clinical consultation: messages from complementary medicine

Clinical consultation is the primary activity of medicine[1]. Patients should always emerge, from it with a better understanding of their condition and a boost to their self-esteem, even in the event of bad news. All doctors strive towards these goals, many succeed and indeed most patients trust their own doctors. Yet the general public increasingly distrust the medical profession and 'doctor bashing' is a popular media sport. What could be wrong? How could our practice be improved?

The public's accusations are numerous. Doctors don't listen; consultations are too short (although a recent report suggested that consultation times do not correlate closely with satisfaction[2]) – their approach is not holistic. More seriously, many doctors may fail to understand the import of the individual consultation, well described in the interview between a drug addict and a psychiatrist in the book *Trainspotting*[3]. Interpretation of illness is also required in a societal context, easily overlooked and powerfully described by Professor Simon Wessely in his review of the Gulf War effect[4]. And in our increasingly multicultural society, it is too easy to give insufficient recognition to the perceptions and needs of those from other ethnic groups, described in a recent book review in *Clinical Medicine*[5]. Perhaps most appealingly, Jane Lapotaire has recently asked 'have doctors lost sight of the importance of care and compassion?'[6].

So the qualities needed by 'the good doctor' are numerous and complex. The writings of Sir Douglas Black provide many important insights. He has written: 'For all diseases until comparatively recently, and for many diseases still, the best doctors were probably those who did least to influence the illness, and most to support the patient. In this respect, the Greek physicians (with no body of verifiable or even falsifiable theory) were as well off as today's neo-empirics in alternative medicine'[7]. Unlike the Greeks, we now have an overwhelming barrage of investigations and effective, although sometimes dangerous, treatments such that our commitment to beneficence is easily overlooked.

The Royal College of Physicians has recently held conferences on complementary (integrative) medicine (reported in this issue of *Clinical Medicine*[6]) and on 'the interface between doctors, patients and patient support groups'[8], and earlier this year published a book by Dr Deborah Kirklin on *Medical Humanities* [9]. If we add to these the contemporary and politically correct soundbites of 'patient centered care' and abolition of 'paternalism' the messages for the good consultation are one and the same. After all, few would disagree with the statement that 'Integrative medicine is about treating the patient as a whole; encompassing the wider issues of health and well-being such as attention to the individual's emotional needs, lifestyle and relationships… '[6].

Most, but not all, doctors instinctively appreciate patients' needs. Even so, the messages from complementary medicine and medical humanities remain essential requirements for good consultation in orthodox medicine and should inform us too.

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Ethics and research beyond western society

Ethical conduct is, to a considerable extent, determined by contemporary society. Little public interest was shown in issues surrounding clinical research in western cultures until some practices were brought to light in the early 1960s. Ethical committees were gradually established until the point was reached when medical research could not be undertaken without appropriate ethical permission. Society is now keenly aware of many of the issues to the point of public anger, both appropriate and inappropriate, witnessed in such incidents as have recently occurred in Bristol or Alder Hey in Liverpool. Indeed we have almost reached a situation where the burden of the responsibility to obtain increasingly complex ethical permission may stifle research, especially where multi-centre studies are involved, leading to serious administrative costs and delays[1]. Even the difficulties in making some clinical decisions have led to the establishment of clinical (in addition to research) ethics committees in some hospitals[2].

Public awareness of the issues of medical research is much less developed in cultures beyond the west. Great concern has recently been expressed at the nature of some studies undertaken in developing countries where, for example, new treatments may be withdrawn when the trial is complete, where financial rewards distort decisions on consent[3], or when no approval appears to have been obtained at all[4].

Even nearer home, in Eastern Europe, lack of public interest results in fewer constraints on, for example, stem cell research, which in Britain has had the highest profile even in parliament. Emancipation from repressive regimes is rapidly leading to change[5]. While some of the agenda may still be set by the west, these countries are now establishing their own ethics committees and seeking ways to involve public interest. These issues are carefully reviewed in an important article by Coker and McKee on page 197 of this issue of *Clinical Medicine*[6].

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