

■ CONVERSATIONS WITH CHARLES

Nurses do it better

I was reading yet again how nurses do so much better in following guidelines and ensuring compliance with therapy, particularly where it is prescribed to prevent recurrence of symptoms in chronic disease or as a primary preventative measure. Over our next drink at the pub, I raised the matter with Charles.

'I have been to a couple of conferences recently, one on hypertension and the other on asthma. In both, nurses seem to look after patients so much better than doctors. These were multi-disciplinary conferences and so, with nurses all around me, I felt almost ashamed to be a doctor.'

'You shouldn't have been, Coe' he replied.

I expressed my surprise at his reaction and asked: 'Why, Charles?'

'Tell me about the treatment of asthma and blood pressure,' he said, 'and the aspects at which nurses are particularly good.'

'Things such as written action plans, accurate recording of blood pressure and the successful encouragement of regular use of inhaled corticosteroids were mentioned.'

'What immediate effects do inhaled steroids have?' he asked.

'They make you cough or your voice rough.'

'What happens if you stop them?'

Your asthma gets worse, but sometimes it takes quite a while ...'

'... and your voice immediately gets better so you may sing in the local choir again?' he interrupted, continuing quizzically, 'A normally high blood pressure is associated with no symptoms?'

'Yes' I replied.

'And the treatment is not absolutely free of side effects?'

'No treatment is.'

'Well, Coe, the problem is that you are trying to encourage people to take drugs who have never had any symptoms, or whose symptoms will take some time to return if they don't comply. Many people just don't like taking medication, let alone the possibility of side effects which may seem trivial to you but not to the patient. Surely to persuade them otherwise requires a very special skill?'

'Yes' I agreed.

'But very different from those required for several aspects of medical practice, for example diagnosis, deciding on the best course of treatment, or acting quickly in the emergency situation when nothing is absolutely clear.'

'Go on' I said.

'It seems to me that to encourage people to continue with medication, great empathy is needed, absolute confidence in the protocol is required, and one must be patient and persistent but gently persuasive. A great know-how of the immediate practicalities is needed, but not a wide range of medicine, lateral or quick-thinking. May I be unfashionable in suggesting that whilst the second group of attributes are not the prerogative of the male gender, many of the first are female qualities?'

'Most of the nurses are mature women' I accepted.

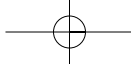
'Ignoring gender, many of the qualities that are required to make a good doctor or scientist may be unnecessary or actually hinder the ability to adhere to protocols and persuade people to accept them. Doctors and scientists tend to work best when stretched but not over-stretched. The enquiring mind demanding constant stimulation might be frustrated by what it sees as a boring process and argue with the protocol, so muddling the patient. Furthermore, I do genuinely believe that it is difficult to combine in one person the empathy needed in this situation, with the detachment necessary to make a correct but hard clinical decision.'

'That might be seen as an old-fashioned view.'

'Perhaps, but it is extremely difficult to expect one person to switch rapidly from one to the other. We all know the exceptions who can, but that doesn't mean the majority are able to do so. Furthermore, you tell me modern medicine depends upon team work, but one man's good team work is another's abrogation of ongoing personal responsibility. Teams only work, and indeed can only be justified when they recognize that some people are more skilful at some things than others. Training, talents and background will influence who is best at what. You still have the responsibility for the diagnosis, agreeing the management plans, developing the service and several other things. Do you want to do everything? Should you do everything, Coe?'

'I suppose not, Charles' I said.

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‘Finally,’ he said, ‘don’t forget that something that might be obvious when you see the patient at long intervals might be less obvious to someone who is seeing them every few weeks.’

‘True’ I said.

‘To sum up, you should not be ashamed of these findings, but welcome them as showing that your team is working and fully justified, or as the French would have it, *Vive la difference!*’

‘You have a point’ I agreed.

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