

ASPECTS OF THE CONSULTATION/NEWS ROUNDUP

statistics, quantitative studies, physical investigations and prescriptive treatments. We need to step out into the art of medicine; the one that existed before the technology was in the ascendant. Then doctors had to rely on observations of what was heard, seen, felt, smelt and tasted. Now the science of medicine has prevailed. We are called upon to produce quantitative, evidence-based research. What place there for the comments of patients, "a weight has been lifted", "I feel free for the first time in my life", "I understand now" and "I have choice"? Do phrases from the doctor such as "I study the doctor-patient relationship" make any sense at all within such rigid evaluation criteria?

What our patients need are both arms of medicine at the same time. They are not mutually exclusive.

Our patients have physical bodies, intellectual minds and feeling hearts. In recent times, doctors have concentrated on the first, given limited acknowledgement to the second, and run away from the third for fear of exposing too much of themselves and fearing boundaries might be crossed. As a result we have neglected a powerful diagnostic tool – the feelings in the doctor – as generated by a particular doctor-patient relationship in the here and now of that consultation.

Medical schools are now redressing the balance: emphasising consultation skills alongside physical examination, investigation, diagnosis and treatment. There is more of a holistic approach to medicine. In the evaluations from a group of medical students I had been addressing on the subject of psychosexual medicine, two extreme responses stood out. One said, "What a waste of time" and the other, "That was great, how can I train in this field?" Whose patients will benefit most?

Such work with patients can never be taught in a didactic lecture form. It is a skill learnt from our experience of working with individual patients and their unique stories, presentations and feelings. Training is available from the IPM¹ or under the auspices of the

British Association of Sexual and Relationship Therapists.⁶

Summary

The hidden agenda of the patient needs to be acknowledged, the reason for the concealment needs to be respected, and the practitioner needs to offer a space into which the hidden agenda can be safely revealed. The patient and the health professional can then study and understand the real agenda.

My conclusion is taken from a recent *British Medical Journal* Endpiece:⁷

God, surgeon, medicine, patient

*Hippocrates in his Aphorisms, as Galen writeth sure,
Saith, foure things are needful to every kind of cure,
The first, saith he, to God belongeth the chiefest part,
The second to the surgeon, who doth apply the art,
The third unto the medicine, that is dame nature's friend
The fourth unto the patient, with whom I here will end.*

Statements on funding and competing interests

Funding. None identified.

Competing interests. None identified.

References

- 1 Institute of Psychosexual Medicine. <http://www.ipm.org>.
- 2 Ornstein PH, Balint E (eds). *Focal Psychotherapy: An Example of Applied Psychoanalysis*. London, UK: Tavistock Publications, 1972.
- 3 Malan D. *A Study of Brief Psychotherapy*. London, UK: Tavistock Publications, 1963.
- 4 Main T. *The Ailment and Other Psychoanalytic Essays*. London, UK: Free Association Books, 1989.
- 5 Skrine R, Montford H (eds). *Psychosexual Medicine: An Introduction*. London, UK: Arnold, 2001.
- 6 British Association of Sexual and Relationship Therapy. <http://www.basrt.org.uk>.
- 7 Baron JH. From Clowes W, *A Profitable and Necessary Booke of Observations, For All Those that are Burned with the Flame of Gun Powder*, London, UK: Edm. Bollifant for Thomas Dawson, 1596. *BMJ* 2005; **330**: 455.

News Roundup

Pharmacist refuses to sell emergency contraception

A couple from Wales are expecting their first child after a pharmacist refused to sell them emergency contraception. The reason the pharmacist gave was her 'high morals'. Under the Royal Pharmaceutical Society's (RPS) Code of Ethics and Standards, which all pharmacists are expected to follow, a pharmacist is allowed to refuse to sell or dispense drugs because of their religious beliefs or personal convictions. Following on from the reports in the USA regarding pharmacists refusing to dispense contraception, this poses a very serious issue for health professionals in family planning in the UK. A doctor who refuses to provide health care on moral grounds has the duty to refer on to an appropriate colleague who will provide the service. A spokesperson for the RPS told me that their code of ethics states that: "before accepting employment a pharmacist must disclose any factors which may affect their ability to provide services. Where pharmacists' religious beliefs or personal convictions prevent them from providing a service they must not condemn or criticise the patient and they or a member of staff

must advise the patient of alternative sources for the service requested".

Source: <http://www.rpsgb.org.uk>.

Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK

Calcium and vitamin D associated with reduced PMS

Premenstrual syndrome (PMS) may be reduced by a high intake of calcium and vitamin D. Researchers in the USA have published a case control study in women aged 27-44 years. A total of 1057 developed PMS over 10 years of follow-up and 1968 did not. Calcium and vitamin D intake in their diet was measured at three time points by a dietary questionnaire. Women with the highest intake of vitamin D were 41% less likely to develop PMS than women with the lowest intake. A high calcium intake was associated with 30% less PMS.

Reference

- 1 Bertone-Johnson ER, Hankinson SE, Bendich A, Johnson SR, Willett WC, Manson JE. Calcium and vitamin D intake and risk of incident premenstrual syndrome. *Arch Int Med* 2005; **165**: 1246-1252.

Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK

Liability for contraceptive failure

A court in The Netherlands has recently ruled that 15 women who became pregnant while using Implanon[®] for contraceptive should receive compensation for their pregnancy. The court has yet to decide whether the manufacturer (Organon) or the doctors who inserted the devices are to blame. The doctors' case rests on the correct insertion and usage of a faulty device; Organon argues the opposite. The cases have been brought against 13 individual doctors and two cases against Organon. The damages could be considerable since they would pay for the upbringing of the child until the age of 18 years. In all of these women no trace of the Implanon device was found in their bodies when they checked after becoming pregnant; this was confirmed by blood tests. Whether this was due to the device being expelled unnoticed through an unhealed wound or by faulty insertion is not known.

Editor's Comment: Inserters of Implanon devices might want to add to their record of insertion, if they do not do so already, that they confirmed the presence of the rod in the arm after the procedure.

Reference

- 1 Sheldon T. Doctors and company to be held liable for contraceptive failure. *BMJ* 2005; **330**: 1467.

Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK