

Learning from patients

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Behavioural change is something we all face, and it can be hard. Sexual and reproductive healthcare (SRH) service users are as affected by this as anyone: maybe a man needs to tackle a problem with chemsex; maybe a woman would benefit from trying an unfamiliar contraceptive – despite reservations – or maybe someone needs to find the courage to discuss a sensitive sexual issue with a partner.

A completely unexpected discussion I had with a patient last week taught me something important about this. He had made and kept an appointment with me, a general practitioner (GP) he had never met, to convey his appreciation of the services he'd received from the practice and also to tell me about what he'd done for himself in the last month. In short, he had taken himself in hand and joined a 12-step programme for people with compulsive eating. Over many years he'd received help on the National Health Service (NHS). He'd tried antidepressants, medication for a hyperactivity disorder and he'd had some cognitive behavioural therapy for anxiety. He'd also participated in a weight-loss programme. He was grateful for all of these approaches. Over many years of support from the NHS, both at times of crisis and otherwise, he hadn't actually recognised that he had significant issues with eating. In fact it was only a month ago that the penny dropped. It came about not by any conversation he'd had with a healthcare professional, but by talking to a coach.

The coaching work helped him recognise how hard it is to take the first step when trying to help oneself. This acknowledgement – reflected back to him – resulted in his defences tumbling down. He was able to finally see for himself that he had issues around food and within days he had signed up to a 12-step programme. With the structure and support available through this programme, he's lost a significant amount of weight and says he's calmer

than he's ever been. He no longer needs medication.

His purpose in coming to see the GP was to pass on the secret of success: namely that taking the first step towards helping oneself is very difficult and requires courage, and that it is really helpful when this is recognised. Over the last few years he's been asked by GPs to refer himself to physiotherapy, a smoking cessation service, and to 'Talking Therapies'. The message he's received each time was essentially this: "It's up to you...we don't refer patients any more". On one level he completely understood this logic. Primary care is overwhelmed, for some services you don't need to be referred, and indeed there is more likelihood of success if patients refer themselves. The way the message is delivered, however, can make all the difference between someone actually taking the necessary first step, or not. For mental health services or support with addictions he told me, acknowledging the courage needed to step forward is crucial to potential success.

The lesson was simple and easy to implement. I found myself adopting his advice in most of the subsequent consultations I where self-referral is involved. Has it made any difference to patients? I don't know but it makes so much sense that I'll go on doing it. A little bit of extra empathy and understanding, with a sense of emotional 'holding' in place of the more businesslike approach to getting patients to take responsibility for their lives, can't be a bad thing.

From my experience, patients are often more convinced to try things if they have a personal recommendation from a professional. But it's rare to get such clear personal advice back from a patient – especially such a positive story. It makes a change from learning from things going wrong – and it's altogether a much more rewarding exchange.

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