

Zeitschrift: Helvetia : magazine of the Swiss Society of New Zealand
Herausgeber: Swiss Society of New Zealand
Band: 81 (2015)
Heft: [4]

Artikel: In your GP's waiting room and beyond
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DOI: <https://doi.org/10.5169/seals-943542>

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Health corner

In your GP's waiting room and beyond

Whilst you are trying to skim through last year's magazines, getting restless as your doctor seems to be delayed again, have you ever wondered what all these other people are here for? None of them look particularly sick do they? What does the doctor think about them? Be a fly on the wall for a while, watch and listen. The stories are real, names and circumstances have been changed. I try to keep to my 15 minute slots per patient, but this was not a particularly good start of the day!

08.00 Ben (18 months) is not here yet for his appointment. His mum Moira has two preschool children. She takes them both to her work in a daycare centre. They arrive 10 minutes late. Ben's eczema looks infected, he scratches so much, is grumpy during the day and wakes at night. We go through the treatment again – moisturising is the mainstay, short bursts of steroid creams, antibiotics for the infections, antihistamine for the itch. I acknowledge the frustration of living with a chronic condition.

08.20 Christine (24) is smartly dressed for her job in town as a legal executive, smiling and breezy. Just a repeat of her contraceptive pill. I ask my routine questions, need to know whether she has had a change of partners recently. Her face drops, Mark her partner of 2 years has seen another woman. Christine left him a month ago, she moved back in with her parents for the time being. She cannot sleep, finds it hard to concentrate on her work, is worried she might lose her job. So for today it's also an STD check, and a discussion on how to deal with this blow in her life. Plus some time refreshing her makeup after the tears.

08.45 James (52) accepts my apology for being late. He promises he will be quick. Just a repeat of his blood pressure pills. Blood pressure is good, cholesterol acceptable. We are supposed to talk about smoking cessation to all our smokers at each encounter. Sometimes I do feel a bit patronizing. Surprise – James shows some interest. A friend has used Champix successfully. I do have to take the opportunity and go through the pros and cons, give him a prescription, arrange follow up with our practice nurse. And on the way out – 'My knee has been bugging me, can

you write me an XRay form please'. Do I deal with this now, or ask him to make another appointment? He has a long way to come, I will be quick...

09.05 Celine (42) introduces me to Derek, her new partner. Celine describes her abdominal pain and associated bowel symptoms in great detail, looks to him for confirmation repeatedly. Derek feels a little awkward. We have investigated Celine's pain thoroughly in the past, and decided it must be what many people have, irritable bowel. A chronic condition, often difficult to find a way of managing it. Celine has heard about some kind of food map diet. This must be FODMAP. Some people with irritable bowel respond well to avoiding the foods in this group. I am happy for her to try, but point out how important it is to resume those foods, if exclusion does not help. Many people restrict their diet unnecessarily.

09.20 Molly (87) needs to be fitted in now my nurse tells me. She has been brought in by her daughter-in-law, Lyn. Molly has been unwell for two days, lost her appetite, vomited twice, has a high fever, no cough or cold or diarrhea. She looks very unwell, her blood pressure is much lower than usual. A few more questions – yes she goes to toilet more often, urine is smelly. It looks like a kidney infection. Do I treat her myself, or send her to hospital? I feel she needs fluids and antibiotics intravenously for a day at least. Lyn will take her to hospital, phone call to the registrar on call, yes they accept her.

09.30 Scott (16) has been waiting for half an hour, more apologies. Denise his Mum is not sure whether to come in with him, but Scott feels more comfortable having her there. As it happens Denise does most of the talking anyway. Scott has a cold, but the reason for today's consultation is his acne. Antibiotics for three months have not helped much. He is developing scars on his face and upper back. Two of his friends are taking a drug called Oratane. Denise has heard it can lead to suicide. Scott is a well adjusted lad, has never shown signs of depression, there is no family history. I explain all the precautions, and feel he will do well with it.

09.45 Our kind receptionist has blocked an appointment, so my delay is not quite as bad now.

Katie (3 months) is brought by her mum Anna in for a check after she has had

her vaccinations. There are no concerns about Katie; Anna is a very competent mother. I am very impressed with her, having made the change from a high powered job to being a full time mum. I do a quick postnatal depression screen – Anna has no signs of it. Contraception for her had been arranged earlier

09.55 phone call from a pharmacist. He is querying the instructions on a prescription I had issued yesterday. And right he is – I had repeated an old entry, rather than checking the recent notes. Just as well.

10.00 Sam (8 months) has been sniffly since yesterday. His breathing is noisy but not laboured. He has not stopped drinking or eating. Liz his mum feels this is not serious, but needs reassurance. I am happy to give it to her, and encourage her to come any time if she is concerned. This is partly selfish – I so enjoy having a little play with babies, one of the many delights of my job.


And so the day goes on. I love meeting such a variety of neat people, and get far more out of the contacts than they ever guess.

Nelly Steinemann

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