

Doctor-Patient Relationship and Quaternary Prevention - *sharing of experience with a GP from Hong Kong*



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1. Scenarios
2. Management and decision making
3. Outcomes and limitations
4. The way forward for QP

Md. X: symptoms and complaints

- * Palpitation K04
- * Feeling depressed P03
- * Sleep disturbance P06
- * Tobacco abuse P17
- * Loss/death of child problem Z19

Old diagnosis

- * Hypertension, uncomplicated K86
- * Gastritis H. pylori infection D70

Dr. Y: symptoms and complaints

- × Pressure/tightness of heart K02
- × Palpitation K04. (with ECG findings, Irregular heartbeat, other K05)
- × Fear of heart disease K24

Past health of Dr. Y:

2005 - Treadmill and CT coronary angiogram normal

2007 - palpitation and vague chest pain. Admission into hospital

Diagnosis : benign ventricular ectopics

Cardiologist impression: stress related

2009 - sudden onset of central chest pain with gripping discomfort of throat. Admission into hospital.
No new diagnosis

Key features in the management and decision making of **Md. X**

- +Stressors clearly identified
- +Explanation to patient and family
- +History taking and basic physical examination
- +Assessment of the tolerance of risk by patient and family
- +Collaboration in management and decision making

- +No investigation or referral to cardiologist
- +Time was used as a tool to monitor disease progression
- +Counseling to patient
- +Prescription and follow up
- +Clear documentation of relevant information and data

Key features in management and decision making of Dr. Y

- × Phone consultation with a fellow GP
- × History of recent event and past health
- × Self-start investigations and therapeutic trial
- × Concerns and worries were present
- × Social and psychological issues have not been explored

- × Referral to cardiologist based on a lower tolerance of risk because of Dr. Y's profession
- × Cascade of investigations in the hand of specialist to rule out any uncertainty
- × Stressors were not identified after rule out of organic causes



- * Internet access of information in sickness, health and prevention
- * Promulgation of health and prevention by media
- * Commercialization of health and prevention
- * Doctors die differently (compare with their patients)?

HOW DOCTORS DIE
Ken Murray's essay
Here are some links:

<http://www.zocalopublicsquare.org/2011/11/30/how-doctors-die/ideas/nexus/>

<http://www.zocalopublicsquare.org/2012/07/23/doctors-really-do-die-differently/ideas/nexus/>

<http://online.wsj.com/article/SB10001424052970203918304577243321242833962.html>

<http://www.philly.com/philly/blogs/fieldclinic/Doctors-die-differently-than-their-patients.html>



* Money

VS

* Job satisfaction

* Self-esteem

* Professionalism

* Medical ethics

* Errors, medicine
and the law



Angelina
Jolie
undergoes
preventative
double
mastectomy



PREVENTION



The way forward for QP

1. Undergraduate medical education
2. Postgraduate FM vocational training
3. Public Education
4. Leadership

Thank you!