

Editor's Comment

Health versus sickness



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In a recent blog on the *British Medical Journal* website Richard Smith, the former editor of the *BMJ*, commented that the National Health Service was in fact a 'sickness' service. The context was the amount spent on the medical care of the elderly versus the amount spent on their day-to-day care and quality of life.

But the comment could equally apply to any aspect of medicine and community care. As doctors, when we see patients, we tend to concentrate on their illness – in fact, in most cases we look actively for illness. After all, that is why the patient came in the first place isn't it? But, particularly for a general practitioner, that may not be the case and some people may be perfectly happy to be reassured. My guitar teacher had a nasty URTI last year – she went to a local GP who gave her antibiotics that didn't clear up the viral infection and gave her bad diarrhoea. When she told me this I said that in all probability she didn't need the antibiotics in the first place; I explained about viral illnesses, and she said that if only he had told her that she would happily have gone

away with nothing but reassurance. How many other people would be equally happy, but there is the assumption that the patient isn't going to be happy without 'something to take'?

When I was studying I read Balint and various other people on the subject of the general practice consultation. Another article in the *BMJ* this week reviewed a book called *The Illness Narratives*, written in the 1980s. The point was that nothing had changed very much in spite of advances in medical technology and drug treatment – physical symptoms of illness (particularly when unexplained) are still often a manifestation of life's problems in general. Which brings me back to the consultation.

In the British system GPs are now constrained by a variety of 'targets' that they have to meet – for which they get paid very well. I am sure that there are many who still practise good medicine, but I am equally sure that there are some for whom the lure of 'medicine by numbers' and its rewards prevent good medical practice. Here, the

public sector generalists are constrained by poor resources and lack of time. In the private sector, generalists are poorly rewarded for their time by the medical aid companies, so again, the temptation is to provide services for which they are paid.

And the bottom line is that it is the consultation that suffers – and the consultation is where the patient has the chance to tell you what they want and need. I don't have a magic bullet for this – and not being in practice I probably shouldn't try to formulate one anyway – but perhaps thinking rather about 'health services' and not 'sickness services' would be a start.

As an aside, and so that I don't disappoint my readers who tell me that they enjoy my 'rants' about health provision – my mother-in-law recently had an MRI of her shoulder to diagnose a ruptured head of biceps and a tear in the supraspinatus and the medical aid (which happens to be the one that I pay premiums to) agreed to pay for the procedure. I leave it to you to decide what I thought about that!

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