

No family allowance

Avoid treating your nearest and dearest, says Dr Jon Garvey.

I WAS awakened one morning by the ringing of the telephone. This was not unusual, during my surgical house job, but today was my day off. I vaguely remembered my wife had told me she might take the dog and go shopping, and when an investigative toe showed me she was not there, I conceded that I was the best person to answer the phone.

'Don't be alarmed,' said an alarming voice on the other end. 'This is casualty. We've got your wife here. No need to panic — she fainted in Safeway.'

There are occasional days when my brain works quite reasonably, even before lunch, and I sized up the situation instantly. No fears for my wife; pregnant ladies quite often faint, but . . . 'Is the dog all right?' I asked. I wasn't able to live that down in the hospital for some time.

I arrived in casualty to find my wife, with groceries piled on to a trolley, looking extremely healthy and complaining that she would have got more shopping if she had known she would get a lift from the ambulance. The dog had turned out to be asleep at home.

At this point the casualty officer, a new one, arrived. 'This is Dr Garvey's wife,' the Sister explained significantly. He looked at my wife, then at me, and his eyes said 'blind panic'! Who was this Dr Garvey? A GP? A consultant? A *casualty* consultant?

He fumbled his way through a sort of consultation, culminating in his offering to fetch the obstetric consultant, before we put him out of his misery and suggested it would be all right if we went home instead.

Doctors, the proverb says, make the worst patients. But if treating doctors is difficult, treating their families is impossible. I have tried my best to avoid treating my family myself, as I either overtreat them, or more often fail to notice obviously serious problems.



'Quick! 'phone for a doctor!'

I am clearly not the only one. I once saw a doctor's wife who presented with disseminated and virtually terminal carcinomatosis. She had been treated by her husband, who, we assumed, had failed to make the diagnosis. We had no doubts she'd have been better off with another doctor.

So I keep out of family medicine — except, of course, if the family is away from home.

One of my 14-month-old daughters got a sticky eye recently when my wife and children were staying with relatives in London. She could have seen a local GP, I suppose, but it was really no trouble for me to call in on my way from Orpington to my parents in Guildford. There seemed to be more sticky than eye, but I confidently dispensed some of that stuff with the blue nozzle.

Later that day, my wife phoned to say the eye was much worse, so I did the correct thing and told her to visit the local GP. Nevertheless, I did drop by next morning, just to check. Periorbital cellulitis, I thought.

What's this he's given her? What a homeopathic dose! She should be in hospital! I phoned my paediatric registrar friend. Well, he said, she would probably be all right at home, but perhaps it would be a good idea to give her a loading dose of antibiotic intramuscularly. The local

doctor didn't seem to mind all his treatment being upturned, and gladly wrote a prescription for the injection, as long as he didn't have to give it.

In the event, his nurse had to, as the chemist couldn't get hold of it before I was due at my evening surgery. Nevertheless it worked.

No, I'm quite definite about it. I would never attempt to handle my family's treatment myself. If only there were somebody else I could trust to do it.

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