



The ideal patient is as elusive as the ideal meal.

MY IDEAL PATIENT

4am callers don't bother to apply

Dr Jon Garvey says it's what patients are *not* that endears them to the GP.

MY IDEAL patient would be in a perpetual state of perfect health, and so is a logical absurdity as he would cease to be a patient. No wonder our lot is so hard — even logic is against us.

However, such a hypothetical person might still make a considerable contribution to my wellbeing if he were a woman, and considerate enough to have a coil fitted every two years, present without reminder for fee-claimable smears, contraceptive advice; full maternity care, flu vaccinations and soon, and be so grateful for my part in it all that she kept up a regular cascade of unsolicited hi-fi systems, Porsches and foreign holidays.

Thinking about it, I am rather glad this creature does not exist. It is probably better to decide what the ideal patient is not, rather than what he is.

He does not phone me persistently at 4am to tell me he cannot sleep, or that his cough is no better even after three days of Zonkafed and changing to medium-tar cigarettes.

He does not book his next urgent appointment on the way out from his last one. He does not become completely cured by acupuncture until I have managed to make at least some kind of diagnosis of what is actually wrong with him.

And he does *not*, when reassured about the benign nature of his left testicular pain, get admitted to hospital the same afternoon with a perforated appendix.

With these exceptions, he may be all manner of things, because the whole concept of an ideal patient' makes no more sense than that of an 'ideal meal'. In the world of food there are admittedly dishes which leave an indelible mark on one's psyche.

I salivate in Pavlovian fashion at the memory of a raspberry sorbet in a small Paris restaurant, and still find it hard to believe the effect of the stuffed mushrooms at a friend's wedding, which seemed to stimulate a monosynaptic pathway straight through to the primary pleasure centre.

But these moments of gastronomic orgasm cannot stand comparison in terms of simple satisfaction with the down-to-earth honesty of a plate of egg and chips. So it is with patients.

What makes for a contented life is not the diagnostic coup, or the miraculous response to treatment, but the ordinary pleasantness of most of our clientele, their usual practice of leaving the consulting-room happier than when they came in.

If there are degrees of perfection in the art of being a patient, they need to be defined in particular directions. For example, one occasionally encounters a 'real gentleman,' or I suppose occasionally a real lady, who is so pleasant to one's staff, and so frank with oneself, that he brightens the atmosphere of the entire practice.

I saw one this week, who made the task of revealing to him the diagnosis of his bronchogenic carcinoma so easy that it would have been no more pleasant to have been able to tell him that his bronchoscopy had been clear.

Diagnostically, there are few pleasures more exquisite than to see for the first time a patient whose bizarre symptoms have foxed surgeons and frustrated psychiatrists for years, and for this walking paradox to mention for the first time some factor which reveals the diagnosis and leads to cure within a week. Well, it happens sometimes.

But if pressed to name one characteristic which raises a patient above the ordinary, I would have to say that it is the degree to which he teaches me something.



It does not really matter what he teaches. It does not even matter if I fail to enjoy seeing him —

*You learn much
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you can learn a fair bit in the way of patience from the insufferable.

Using my criteria, it is possible to encounter ideal patients a great deal of the time. In one day one can learn the ins and outs of psoriasis from a florid case, one can gain an insight into the capabilities of human nature from a woman who keeps cheerful despite having to cope with two subnormal epileptic children and an inadequate husband, and one can spend a cheerful consultation being told by a friendly expert how to restore one's timber-framed house.

If I have an ideal, it is to attempt to stop searching for ideal patients, because otherwise I am doomed to disappointment every hour of my working life. Instead, I try to regard each person who comes in the door as ideal already, for some purpose, if only for teaching me how to avoid strangling them.

The more you are able to achieve this psychological somersault, the more satisfaction you get out of the job. Suddenly — hey presto! You're the ideal doctor!

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