

## Jon Garvey chews the cud in the first of his new regular columns



### Getting on the wagon

The last few months have seen much discussion in the medical press about the management of alcoholism in general practice. This is not so much because anything new has been discovered about the subject, but because the medical press has become understandably bored by the management of smoking in general practice, about which there seems little more to be said.

In truth, if one reads the newspapers, medical or otherwise, for more than a month or two it becomes clear that all the burning, momentous issues are merely fashion trends. When, for example, did you last read anything about clinical audit? It was all the rage last year, but the last piece I saw was, in fact, one of mine, which is perhaps explained by the fact that I always seem to be last in the queue for every bandwagon.

Be that as it may, we are now being advised to look out for the vast hidden reservoir of undiagnosed alcoholics, and turn them in their course before it is too late.

I don't seem to be too bad at spotting drink problems in my patients. At least, I seem to be aware of a greater number than the fraction of a per cent suspected, say the pundits, by the average GP. For example, a newly registered patient came with his wife to get a certificate for a recurrence of his mysterious debilitating illness. As he sat down I subconsciously thought: "Hello, what an odd chap. Funny relationship with his wife—they're hiding something. Why are his hands shaking? Is he an alcoholic?" It turned out that he'd at one stage been in hospital for weeks with his limb weakness and malaise, and all they had found was a vitamin deficiency for which he was taking vitamin B. When the notes arrived, the lengthy discharge summary made it clear that the hospital bods had never suspected alcohol, and had taken his "half pint of beer a day" story at face value.

To me he was cagey about his intake. "I do like a drink now and again," he conceded. "Perhaps half a bottle of wine at weekends ... yes, I might have a beer

some lunch-times, but not often..." I ingeniously suggested that with his mysterious vitamin deficiency, *any* alcohol intake might make him worse, and after a couple of weeks of deteriorating health, he insisted he had not touched a drop since he had seen me. My deviously obtained blood sample rather gave the lie to this when the serum ethanol was returned at 340 mg/100 ml (at 10a.m.!).

Having come up trumps on the detective work, though, what to do next? As seems to be advocated, I confronted him with my findings, explained how his health problems were a direct result of his alcohol intake, had a go at assessing why he drank too much in the first place, and when he had at last given his grudging recognition that there was a problem, I discussed with him the best way of tackling it. He eventually plumped for the local specialist unit, so I referred him there. Subsequently, though, he declined to go, saying that he had learned his lesson and cut down his intake to virtually nothing. Just the odd half bottle of wine at weekends. And an occasional beer with his lunch.

I didn't see him again until he got a rather nasty fracture falling from a moped. The tale he confabulated to explain the accident did nothing to suggest that his co-ordination had not been impaired by drink, but what can you do? You can't take another surreptitious blood sample—that card's already been played. He's not yet reached the point where his job or family life are on the line. So how can he be persuaded to accept help?

I wonder if the experts are not overestimating the influence of general practitioners on their patients. Sure, you can spend hours with the bloke who's been brought up short by the departure of his wife and kids, talk him out of his wallowing self-pity, and get him in touch with AA or whatever with some chance of success. Sure, you can catch them early, and point out to the social drinker that his six pints a night could lead to dependence (though just what percentage success a GP can expect from asking his patients to rearrange their whole lives is doubtful).

But in between there is a large number

of people who are hooked, but won't believe it. And if these people can persuade themselves that their family rows, job problems and memory lapses are the cause, rather than the result, of their drinking, I am not altogether convinced that a few well chosen words from the observant doctor are going to change their views.

### Family medicine a farce

Speaking of impossible tasks, I read that Brian Rix, secretary general of MENCAP, the Royal Society for Mentally Handi-capped Children and Adults, has criticised general practitioners on behalf of himself and other parents of handicapped children, saying that they should spend many more hours counselling such families. He also pined after the days when the old type of family doctor did so, despite his larger list size.

I can only bow to his experience regarding the first part of his statement, but I'm not so sure about the second. I wonder if the Traditional Wise Doctor ever existed outside Tannochbrae, or if he in fact belongs in the same category as the "noble savage", or "ovis crackers down at t'mill".

One of my predecessors in the practice was reminiscing the other day about practice twenty years ago—morning surgery from 8.30 to 9.30, rushing through a waiting room full of retching consumptives (well, perhaps not *twenty* years ago), with just enough time to scribble a scrip for Mist. Pot. Brom. and put a tick in the notes before rushing off to do twenty-five visits before evening surgery. If the old GPs had time to spend hours counselling at home, it's hard to imagine how they found time to breathe, let alone sleep. And yet W.G. Grace played cricket as well.

My father-in-law has recently had occasion to consult doctors for the first time in decades. He has been most impressed with the trainee who has been looking after him. "Not like a doctor at all," he enthused, more of a friend!" Obviously not all the old family doctors left the same rosy impression as that of Brian Rix. Perhaps there's hope for us younguns yet.\*

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