Reflections

Gaining a patient’s perspective while becoming a doctor

A medical student learns by seeing the system from the other side

Two doctors, both aged over 70 years, teach our rotation of medical students. They stress “old-fashioned” values, including accurate history-taking, thorough physical examination, punctuality and courtesy. In an era of high-technology medicine and high patient throughput, how relevant are these dated principles?

Assigned to the best private hospital in the city, crammed with top specialists for my clinical placement year, it was downhill from there, I believed. I headed off to play squash after observing a protracted total hip replacement one night and felt on top of my game. A tinge of arrogant invincibility may have been the incentive to stretch just a bit further for an impossibly low wall shot. I reached it, won the point and tore my plantaris, soleus and gastrocnemius muscles at the same time.

Rest, ice, compress, elevate; just one of countless mnemonics to implement. I attended our surgery rotation on borrowed crutches the next morning and sought an informal opinion. With the coffee table between us, the consultant proclaimed: “gastroc’s largely intact and will heal with immobilisation — no need for surgery — you’ll be fine”. In naïve faith, I hobbling between operating theatres in a loaned orthopaedic boot. Pain is for wimps, doctors say, and don’t take time off and the course very effectively weeds out those who cannot cope. By the end of the week I realised I was a wimp. My leg started to swell and I could no longer sleep so I sheepishly took myself to the hospital’s accident and emergency centre.

I was grateful to be bulk-billed and seen after a long list of the more deserving, who had paid to be there. Had I not been the patient in this scenario, I might have breezed in to solicit a quick accurate, that must have been transferred from me by telepathy.

The ultrasound technician was equally terse. Seeing my accurate, that must have been transferred from me by telepathy. I reiterated they were “The ultrasound technician was equally terse. Seeing my accurate, that must have been transferred from me by telepathy.

Rounding, one of the elderly doctors nominated me to present a case. I had not had the energy to get around the wards and had contemplated abandoning the course when re-imaging showed a near total rupture of the Achilles tendon that had been missed. We “de-identify” patients, so I presented my case. I had not had the energy to get around the wards and had contemplated abandoning the course when re-imaging showed a near total rupture of the Achilles tendon that had been missed. We “de-identify” patients, so I presented my case.

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