The Doctor's Potential for doing Harm

E.E.

Rawlings

Manchester

Abstract

Women who have symptoms which are considered to be related to psychological factors have a very high incidence of surgery inflicted upon them. In nearly 50% no disease could be demonstrated at operation, nevertheless 75% of these patients considered the operation had been successful. The basic fault lies in the fact that doctors are trained to stress the physical rather than the psychological aspects of disease.

Author's address: E. E. Rawlings, 15, St. John's Street, Manchester M.3.4 DG (England)

The doctor's potential for doing good needs no protagonist; one has only to open the journals to see fluent and profuse evidence of the successes of medicine. For some mysterious reason, failures are much less frequently recorded and it is into one of these darker corners of medicine that I wish to probe.

I surveyed 235 women who consulted me for symptoms which I considered had essentially a psychological basis. These women turned out to be operation-prone! 453 operations had been performed on them. In nearly half of those for whom the operation notes were available, no disease could be demonstrated. In spite of this, about three-quarters of the patients considered the operation had been a success – a case of surgery acting as a placebo. The operation often cures or relieves because it ensures that the patient has a period of rest, care, sympathetic handling and relief from domestic duties. It is rather tragic that these essentials to health and well-being have to be obtained by recourse to surgery.

This demonstrates a fallacy prevalent among doctors, i. e. to assume the doctrine 'post hoc ergo propter hoc' and always attribute the improvement to the therapy. For this reason many unnecessary operations are performed and many useless regimes perpetuated – some not only useless but harmful as the Thalidomide tragedy bears witness.

106

Rawlings

The fault lies in our training. We have been trained to stress the physical rather than the psychological aspects of illness. Thus, newly-qualified doctors are orientated towards a constant search for physical causes and if these cannot be found they are easily invented. I do not decry the necessity for eliciting physical signs, nevertheless medical students did, and still do, get a surfeit of this form of training for two reasons. Patients with good physical signs are easy subjects for teaching and cases with advanced organic disease and good physical signs tend to congregate in hospitals. Hence, newly-qualified doctors are often out of their depth and during their internship in hospital they are responsible for burdening the Laboratory and X-ray Departments with innumerable investigations.

S. Students should be given an insight into psychological and allied aspects of illness so that they have a better understanding of their patients and come to realise that in a great deal of illness it is impossible to make a precise pathological diagnosis. When this greater understanding has been achieved

less harm (and who knows
possibly even good) might be done to our patients.