



Jenni Parsons

MBBS, DRANZCOG, FRACGP, is Medical Editor, Australian Family Physician, and a general practitioner, Gisborne, Victoria.

The way we look at things

■ **There has been a big change in the way I see things. The big picture is fine, but the devil is in the detail. As I grapple with the frustration of putting on glasses to read and write and drag them off again to see the faces that have then become a blur in a frame, I am aware that it is now just a little more difficult to be fully engaged and present in consultations and conversations. However, like most experiences, my presbyopic blur has had some benefits as well as harms. It is a reminder that all is not necessarily as it seems – some things appear a certain way not because that is the way they are, but because of observer factors – and that life experiences enhance our ability to see health issues from the patient's perspective. All valuable reminders for general practitioner, medical editor and human being alike!**

O'Leary and Chang, in their article on hearing impairment in this issue of *Australian Family Physician*, remind us that inadequate hearing causes significant functional impairment and social isolation, yet a large proportion of adults with hearing impairment do not receive adequate treatment or rehabilitation to address this.¹ While part of this may relate to system problems such as access to services and funding for hearing devices, part may relate to a lack of appreciation on the part of the GP as to the degree of disability. While a patient may be able to hear sufficiently well to engage in a one-on-one conversation with their GP in a quiet consulting room, it may well be a different story in a group setting or where there is background noise, particularly with sensorineural hearing loss and/or only one hearing ear.

As part of our 'AFP in practice' segment Carolyn O'Shea invites us to consider our practices from the point of view of a person with hearing impairment. Would they have difficulty making an appointment? Can patients use text telephone (TTY) or email for appointments? How much background noise is there at reception? Can anyone at the practice use sign language?

'Angels and Demons', a program hosted by Andrew Denton and broadcast on the ABC on Monday 7 April 2008,² revealed poignant insights into the patient perspective. Denton interviewed participants at the 2007 Mental Health Services Conference in Melbourne who described the terror and isolation of a psychotic episode, the constant threat of suicidal ideation, the stigma of a mental health

diagnosis, the burden of responsibility of carers (a number of whom were children) and the constant distraction of abusive auditory hallucination. In a workshop at the conference, participants (including Denton) were given MP3 players and attempted to do a number of tasks and interact with others with a soundtrack of abusive 'auditory hallucinations' in their ears. Denton says, "This was far more confronting than I had imagined... To have such abuse inside your head was surreal, unfathomable really." Interestingly, the man running the workshop, an intelligent, articulate person who suffered from schizophrenia and has run many similar workshops, has recently found an entry in his medical notes that said, "he believes he teaches mental health professionals!!!".

Understanding in medicine does not necessarily just come from a medical journal or text, or even from our medical teachers and peers. It can come from our patients, our family, our friends and from experiences outside the medical world. In *AFP* this month we commence a series on medical humanities. As Claire Hooker states in her article,³ the study of medical humanities explores the human side of medicine from within traditional humanities disciplines such as history, philosophy, sociology and literature, encompasses the intersection of medicine and the creative arts, and by attending to human interaction and giving space to the clinician's own creativity, aims to lead to better communication with patients.

We bring to the consultation not just our medical knowledge and experience, but the richness of our human and personal experience and our worldview; a gestalt of medical collective understanding, social values and highly individual influences. We may or may not choose to consciously share these insights and experiences with individual patients, but the way we look at things inevitably influences the way we practice medicine and the impact we have on our patient's health and wellbeing.

References

1. O'Leary S, Chang A. Hearing impairment – technological advances and insights. *Aust Fam Physician*;37:322–7.
2. Australian Broadcasting Corporation. Angels and demons. Available at www.abc.net.au/tv/enoughrope/interactive/angelsanddemons [Accessed 13 April 2008].
3. Hooker C. The medical humanities – a brief introduction. *Aust Fam Physician* 2008;37:369–70.