



Kate Molinari

# Quotes to remember...

At the GP10 conference, themed 'Shape our future', last month in Cairns, several of the workshops and presentations looked at minimising error in clinical practice. People are bound to make mistakes, but it is crucial that we learn from these and develop techniques to minimise their impact. Cicero once said, "To err is human, but to persevere in error is only the act of a fool." Our focus articles this month are based on the concept of 'traps for the unwary', and provide clinical topics that explore the issues of near misses, errors in practice, and gaining experience and expertise.

The highlight of the conference for me was attending a presentation given by Professor John Murtagh who should not need any introduction to the *AFP* audience, but just in case, Professor Murtagh is a highly experienced general practitioner, a renowned Australian GP educator and patron of General Practice Registrars Australia. He had many tips, hints and advice but his main message is captured in the words, 'More mistakes are made by not looking than by not knowing'. Taking a thorough history, performing a thorough examination, ensuring clear and careful communication and always keeping an open mind to the possibility of the rare and unusual is crucial.

One of his case histories illustrated his message perfectly. It was about a woman who was 23 years of age when she presented to Professor Murtagh's surgery with left iliac fossa pain. She was accompanied to the consultation by her mother who answered most of the doctor's questions. They were sent home with a provisional diagnosis of gastroenteritis but her pain intensified. When Professor Murtagh paid a home visit the next day she looked unwell and depressed. Her anxious mother hovered

around constantly during the visit. A urine analysis showed haematuria and an abdominal ultrasound demonstrated an obstruction in her left renal pelvis thought to be secondary to a bleed. Blood tests were ordered which showed an international normalised ratio (INR) of 7. Professor Murtagh questioned the young woman alone and she admitted to being deeply depressed, and to having eaten RATSACK® (a rodent poison containing warfarin) in the hope it would kill her. Few if any of us would consider a suicide attempt with RATSACK® in our differential diagnosis when assessing a young woman with abdominal pain, but the accurate history obtained on the second day provided the diagnosis.

Professor Murtagh also illustrated just how careful we need to be when communicating with our patients. Many years ago when working as a junior hospital doctor he examined a patient with a large atrial septal defect. When taking the history he established that she was unmarried and had seven children who had all been fathered by the same man, her long term partner – this was an unusual social situation for the 1960s where parenting outside wedlock was still frowned upon. She was asked why she had never married and she explained simply that at age 19 she had been told by her GP, "With your heart you, should never get married." Despite the social stigmatisation she had to endure, she complied with her doctor's orders to the letter.

So onto the theme articles in this month's issue of *AFP*.

Braitberg and Oakley look at potential toxic substance exposures in children in their article 'Small dose... big poison'. This topic highlights the importance of thorough history taking with small differences in the number of tablets a child takes leading to large differences in the management plan for the ingestion. Rio looks at situations in which a GP should actively ask about the possibility of early pregnancy in the

article, 'Does it matter if I'm "just" pregnant?' This also highlights the importance of history, as early pregnancy can change both the differential diagnoses and the management of a presentation. The article by Leung, Hamilton-Bruce and Koblar on transient ischaemic attacks is a good reminder of this condition and how it can masquerade – diagnosing and treating it appropriately may help to avoid a potentially devastating stroke. Addison disease is considered in the article by O'Connell and Siafarikas. This condition is easily missed because it is rare and presents with nonspecific symptoms but correct diagnosis and management is critical. In this article the authors highlight one of the most difficult things about being a generalist: that although the majority of GP consults deal with common, 'run of the mill' conditions we must know about rare conditions. We must be constantly alert to the possibility of Murtagh's red flags, concerning signs and symptoms or situations in which it seems that the information does not all fit together and you need to look further.

I hope the articles this month have provided you with ways to spot traps for the unwary and have helped to invigorate your sense for those 'red flags' that tell you to keep investigating – as Oscar Wilde said, "You know more than you think you know, just as you know less than you want to know."

## Author

Kate Molinari MBBS, is Publications Fellow, Australian Family Physician, Academic General Practice Registrar, Australian National University, and a general practice registrar, Canberra, Australian Capital Territory.

correspondence [afp@racgp.org.au](mailto:afp@racgp.org.au)