Key messages

- After a structured intervention only half of a group of apparently eligible patients ended up taking warfarin for their atrial fibrillation
- Implementation of warfarin treatment for patients with atrial fibrillation was constrained by patients who were either too ill to take the drug or were unable to give consent
- These constraints are compounded by the unwillingness of patients to reduce their risk by taking a proved drug
- The number needed to treat, a key statistic in evidence based medicine, probably often overestimates the value of treatment in routine general practice and may not be sufficient to persuade patients of the benefit of treatment

uptake would have been greater. For example, general practitioners overrode a decision to start warfarin in 18 out of 44 patients who were willing to take it after being advised by a doctor involved in a research project.² But the approach reported here suggests that a patient centred method, in which as many patients as possible are given an active role in deciding their treatment, produces a less successful outcome regarding warfarin uptake but perhaps a better one regarding the ethics of patient management. It might seem ironic that it is patients who represent an important impediment to implementation of effective treatment given that they apparently have most to benefit, but without their sup-

port evidence based medicine is likely to have only limited applicability in general practice.

We thank Mr Chris Byrne for performing the echocardiography. Tunbridge Wells local research ethics committee approved the study.

Contributors: Our study derives from an MSc in general practice project carried out at Guy's, King's and St Thomas' School of Medicine. AH initiated the study design, analysed the data, and drafted the paper. DA contributed to the study design and the drafting of the paper. Both AH and DA will act as guarantors for the paper.

Funding: NHS Executive-South Thames.

Competing interests: None declared.

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(Accepted 31 March 1999)

Thirty one years on A memorable patient

"Curmudgeonly, depressed, introspective. . ." As I glanced through the previous letters about the patient I was about to see in the rheumatology outpatient department I wondered what she would look like. When she came in I was not surprised. She was thin, sallow, and unsmiling. A quick look at the old notes told me that she had rheumatoid arthritis, but repeated comments in the folder implied that the symptoms considerably exceeded the signs.

We began to speak about her arthritis; she had pain everywhere, but when I examined her I was impressed by the normality of her joints. I looked at the fatness of the folder in front of me and began to thumb through it for any clues as to why she seemed to be making such heavy weather of her symptoms.

A single sheet caught my eye. The handwriting was similar to my own, and, unusually, the notes had been written in fountain pen. I looked at the date: 1967. The note concerned the delivery of her second baby; she was gravida four para, one plus two; the first two pregnancies had miscarried and the third resulted in a live birth. This labour, having been preceded by an antepartum haemorrhage, was the one supervised by the person who had written the note. I looked at the top right hand corner and saw my own name. I realised that I had delivered this patient 31 years previously when I was a medical student at the same hospital where I am now working. In between I had qualified, moved away, and worked as a junior doctor and then a general practitioner in Yorkshire for 22 years.

A year ago I decided to make a complete break with general practice and have been working part time in rheumatology. By the most extraordinary coincidence this woman happened to

come to my clinic and by an even greater coincidence I found the note, despite the bulk of the folder, that I had written 31 years before.

When she emerged from the examination room I asked about her family. She now had four children: two boys, both soldiers, one serving in Germany and one in Bosnia; and two girls. The 31 year old son was the one in Bosnia. I then said that I had delivered him and immediately a bond formed between us. It did not matter that I did not remember her and she did not remember me. She told me about the pregnancy, about the length of the labour, and the fact that the baby weighed 9 pounds and 9 ounces. She told me about the difficulties of her marriage and that it had finally ended 13 years previously. She told me of the complete rupture in the relationship between her and one of her daughters and how difficult she found it with her boys far away.

As the conversation developed she became more and more animated and the sad, inward looking appearance gradually lifted. When she left the consulting room not only did I feel an unexpected empathy with the patient, but I believe that because of this extraordinary coincidence for a short time the sadnesses of her life and the pain of her arthritis may have temporarily lifted.

Richard Harding, *clinical assistant, Bath*

We welcome articles of up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to.