What is already known on this topic

Guided self management plans for adults with asthma are widely advocated and seem to have some health benefits

Attempts to implement this approach have met with varied success and do not incorporate patients' views

What this study adds

Neither health professionals nor patients were enthusiastic about guided self management plans

A fundamental mismatch exists between the views of professionals and patients on what is a responsible asthma patient

Guided self management plans for adults with mild to moderate asthma are unlikely to be accepted or sustained in primary care

The attitudes of the professionals were more unexpected. Guided self management plans were seen as a low priority, and most patients were managed by monitoring or policing. Education appeared to mean, at the most basic level, ensuring that the correct drug was taken at the right time in the most effective way.

Our findings suggest that attempts to introduce guided self management plans in primary care are unlikely to be successful. If guided self management is to work, new plans that are more patient centred need to be developed in place of those based on the medical model. Nurses need to be not only helped and supported by general practitioners but trained in techniques that enable changes in patient behaviour.¹³ In

addition, we need to identify which patients need or are likely to accept guided self management.

We thank the general practitioners, asthma nurses, and patients who volunteered to take part in this study.

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My most unfortunate mistake Always double check

The staff in the accident and emergency department had asked for a medical opinion on the first patient of the evening. Recently arrived from west Africa, the unfortunate young man was struggling to describe his numerous symptoms to his family in French, who were then translating his problems into English. I knew that this was not going to be straightforward.

Raised voices and increasingly frustrated gestures between the patient and his bewildered uncle and mother indicated that there were other issues at stake besides his fever, lethargy, and joint pains. After exhaustive questioning, I thought that a recent onset of dysuria was, perhaps, relevant in the aetiology of his problems. Although he emphatically denied any recent sexual contact, I wondered if this was more to do with the presence of his family members. Unfortunately, as it was late in the evening, there were no other translators available.

Sitting in front of the results computer later in the evening, I typed in my enigmatic patient's name and duly noted the normality of the tests that I had requested. As I pondered the differential diagnoses, I scrolled idly back through the results file, looking for any previous investigations. And there it was. Two days ago a urethral swab was sent from the genitourinary medicine department taken from my patient. I clicked on the relevant line to view the result—culture had grown *Neisseria gonorrhoeae*.

I returned to the cubicle and asked the patient's mother to wait outside. Through his uncle I asked the patient why he had been

to the clinic two days before. He started to get angry, insisting that he had been nowhere near the clinic and that he could not have a sexually transmitted disease. He and his uncle exchanged words, and his uncle then asked if we could speak alone.

Out in the corridor the uncle explained that it was actually *he* who had attended the clinic earlier in the week and that he was currently taking antibiotics for gonorrhoea. He and the patient shared the same, albeit unusual, name and it was actually his result that I had seen and mistakenly ascribed to his nephew.

Having diagnostic information available without a patient's consent carries with it a degree of responsibility to check the accuracy and relevance of the information. Something I shall endeavour to do in future.

Lloyd Bradley *senior house officer in medicine, London*

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. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.