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FILLER.....

Medical numeracy

Doctors are notoriously poor at mathematics, but one of the more difficult questions they have to answer is how many people it takes to make a medical consultation. The easy short answer is two (doctor and patient), but this simplistic reply will not do. A gofer is needed to make the clinic run smoothly; a chaperone is necessary when patients are to be examined; and an interpreter if there is more of a language problem than medical jargon. These three roles can often be combined by an energetic nurse, but three is probably the minimum number with which outpatient sessions can be conducted. However, this is only part of the answer.

Patients have a right to be accompanied by a friend or relative, and it is now usual for them to enter the consulting room with at least one person (not usually introduced) in tow. In school holidays, the next generation is often included in the trip too. This can lead to some overcrowding problems. I once had to ask four adult relatives who had decided to line the wall of the office to select two accompanying persons who could sit down in a civilised manner. Not least of the problem is that relatives often contradict the patient and each other, creating an unfunny comedy, which does not lead to effective diagnosis and management. The more there are of them, the worse it gets.

Nowadays we also have specialist nurses who perform a useful liaison and progress-chasing service. They may run their own clinics, but often sit in with doctors seeing patients, adding further to the throng. This has got a bit out of hand, and can be a little counterproductive as the dynamics of the doctor's office have shifted and this diverts attention from the main point, the patient's defective health.

Could we call a truce and ask for a ceiling on the numbers involved and in the room, like five? This could only be an improvement, no least in controlling the temperatures of what are generally overheated rooms, which are not improved by excessive numbers of human beings.

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