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January 2004

# A need to change behavior and attitudes in medical practice

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## Recommended Citation

Qidwai, W. (2004). A need to change behavior and attitudes in medical practice. *Journal of College of Physicians and Surgeons Pakistan*, 14(11), 701-701.

**Available at:** [https://ecommons.aku.edu/pakistan\\_fhs\\_mc\\_fam\\_med/138](https://ecommons.aku.edu/pakistan_fhs_mc_fam_med/138)

## A NEED TO CHANGE BEHAVIOR AND ATTITUDES IN MEDICAL PRACTICE

Dear Sir,

In today's era of modern medical practice, we as physicians, continue to exhibit attitudes and behavior that is unfortunately contrary to good professional conduct. We continue to call our patients as difficult and heart-sink', a terminology that reflects our unkind attitude and behavior towards our patients.

The use of such terminology evokes negative feelings, is counter-productive, humiliates patients and, therefore, should be changed. It is unfortunate that we have failed to realize the adverse consequences beyond the use of these words, that results in physician-patient consultation failure.

It is unfortunate that the first page of the leading textbook of medicine, talks of a "difficult case", while discussing the very essential/core practice of medicine.<sup>2</sup> On the same page, the editors quote the word "courage", from the editors of the first edition, published over fifty years back. "Courage" is the word that reflects the attitude and behavior that we must have while practicing medicine.

It is again regrettable that a leading book on how to prepare for examinations in Family Medicine has devoted separate section on how to deal with so-called "heart sink" patients.<sup>3</sup> It is considered a favorite topic for examiners, encouraging students to prepare themselves to face questions on it. Such examinations practices lead to the continuation of the use of such inappropriate terminology later on in clinical practice, with all its negative consequences for the physician-patient consultation.

When one considers a situation "difficult", it evokes strong negative feelings. One considers it a misfortune to be in such a situation and, therefore, consider escaping such an encounter, much to the detriment of patient's care. Palmer reported that Physician's experience with so-called "heart sink" patients is associated with feelings of angry helplessness.<sup>3,4</sup> Such feelings are least helpful while handling such demanding situations.

We need to revise the terminology so that it generates positive attitudes and behavior. The use of the term "Challenging" for patients with special issues would be more appropriate.<sup>5</sup> When we consider a situation as a challenge, the reaction is that of courage and enthusiasm to win. The reaction is not that of avoiding the consultation but rather that of facing it head on.

It is time that we change our attitudes and behavior in medical practice. It will allow us to serve our patients better and to continue to claim that we belong to a noble profession.

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## SEROLOGICAL PROFILE OF INCIDENTALY DETECTED ASYMPTOMATIC HBsAg POSITIVE SUBJECTS

Dear Sir,

I read the article "SEROLOGICAL PROFILE OF INCIDENTALY DETECTED ASYMPTOMATIC HBsAg POSITIVE SUBJECTS", published in your journal, JCPSP 2004; Vol. 14(4): 208-210 issue, with keen interest. I would like to submit a few comments regarding the article.

1. The authors have concluded that there was a high prevalence of precore mutant gene in the healthy and asymptomatic population. This was based on the formula that all HBsAg positive individuals, negative for HBsAg and having HBV-DNA by PCR detection, are considered to be gene mutants. Whereas in principle it may be considered correct, the facts on ground should not be ignored.

This fact is widely accepted that all the tests done by PCR methodology commonly give false positive and false negative results.<sup>1</sup> However, this cannot be statistically evaluated as the test is operator-dependent, and involves several steps to obtain the final result. Mistakes at any level can lead to false results. So the sensitivity and specificity of the test varies with different labs.

Tests done by PCR are less sensitive and less specific if we compare them with other tests like HBeAg, which is more dependent on the apparatus rather than the operator.

Based on the above facts, if we use the data given in the article (which is not actually a substitute for statistical analysis), and keep the test for HBeAg as the gold standard, we can calculate the sensitivity and specificity for HBV DNA by PCR. This would show it to be 88% sensitive and 70% specific, thus leaving no room for the idea of a