

Chapter 12

Smaller Heroes I Didn't See

Brendan O'Shea
Trinity College Dublin, Ireland

ABSTRACT

The theme of this chapter explores aspects of professional blindness in the family practice setting. The exploration uses the vehicle of an exercise in practice audit, which resulted in a more meaningful level of interaction between the GP and a particular group of individuals in his practice. What set out as a quantitative exercise in audit inadvertently threw up valuable qualitative insights and reflections on how this family doctor had previously viewed this group of individuals in the past, and more importantly, would do so in the future. In particular, the exercise challenges us to look for and see the ambitions and hopes of those individuals who attend us for medical care, in order to properly respect these important aspects of their humanity, and to assist us in more easily rising beyond the confines unwittingly imposed and accepted by a passive acceptance of disease defined horizons and the medical model. The audit outcomes include improved levels of achievement in the relevant markers of good care, easily and unremarkably measurable in the standard manner. A key outcome, rather more difficult to measure, included an increased respect and recognition of the difficulties, efforts, challenges, fears, hopes and varied realities experienced by this most particular group of eclectically selected individuals.

INTRODUCTION

I believe in professional blindness. It can happen to very dedicated health care professionals. It can happen to health care professionals who are chronically too busy. It can even more easily hap-

pen to not so dedicated health care professionals, and burnt out health care professionals. Like the flu, sometimes 'there can be a lot of it about,' as we often say to our patients.

It happens when we simply fail to see the outstanding humanity of a case or a cohort. We might lose sight of the poor while caring for the rich. We might become deaf to the quieter sounds of

DOI: 10.4018/978-1-60960-097-6.ch012

suffering due to the clamour of the more articulate worried well. We might just get too tired.

I came across some smaller heroes a few years ago.....

I am a General Practitioner in Ireland. My interest lies in ongoing personal care to individuals and their families over time. I am in a small family practice, now almost 20 years in the same town, just outside Dublin, on the east coast.

In 2004, I engaged myself with a broad quality assurance process then owned and delivered through The Royal College of General Practitioners, the FBA (Fellowship by Assessment) process. It has since been discontinued, having been run for 12-14 years. I was among the last of the 300 odd souls to complete it, and in 2004, completion of the process required submitted evidence of satisfaction of 64 specific criteria, exclusively relating to the care provided to patients attending my practice. Embedded in this included the requirement to complete full audit cycles on care provided to patients in 8 conditions, 'concerned with the care of diseases which are selected according to national and local priorities.' One could nominally select the 8 conditions, bearing in mind that at least 5 had to closely reflect major killer diseases (eg Diabetes and Hypertension for example), but that left the other 3 you could truly select yourself. This caused me to wonder.

I was still wondering several months later.

'...and do you know I have to cook in the dark now as well?'

She said this to me as she backed out the door after a very busy and almost chaotic consultation. Despite arriving in consultation without much time at all in the waiting room, she and he arrived breathless and stressed. He was, as usual, inarticulate with excitement and some pain. He was significantly overweight, stocky, perpetually restless and loud. Despite his 5 years and his most peculiar habits of socialising and interacting, he was on familiar territory. On bursting into the consulting room, he sharked over to the Mayo table where minor surgical instruments and kit

were awaiting the next gash, lump, ingrowing toenail or IUCD. He knew this would immediately make me jump up with all the residual athleticism I had remaining. I did, and he beamed back at me (there are many ways to say hello!). Then he opened and closed all the presses, before retiring to rock on the examination couch.

We quickly established he had a further middle ear infection, and addressed this. Our 3-4 minutes were almost up, that being the current timeframe he could endure being in the room. I had a moment to enquire, in a professional, formulaic manner, '....and how is everything?' as we all began to decamp.

'Oh its fine, ' she replied, in a loud and floridly melodramatic manner, rolling her eyes upwards and shaking her head. 'It's just fine....' she continued as he shot out the door ahead of her. '..... and do you know I have to cook in the dark now as well?'

She and he left.

Of course I didn't know she had to cook in the dark. I didn't know what it was to cook in the dark in a small council house, provided and maintained in an overwhelmingly indifferent manner by the local authority. Both she and her son were loud and forceful individuals, and the sentence kept ringing in my head, banging around my brain in the weeks afterwards, until it met up with that other thought banging around in there, the need to identify the subject for the eighth audit cycle of the FBA process.

Our young man was living his life from the quixotic perspective of operating on the more challenging end of the autistic spectrum. That is to say he had fairly severe autism, diagnosed some 3 years previously. He was boisterous, loud, energetic, and feisty. It was at this point, a cause of deep and grave concern to his parents, his older sister and I, that he was thus negotiating his way through life from this most inconvenient perspective, but of course it was of no concern to him at all whatsoever.

6 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/smaller-heroes-didn-see/49251

Related Content

User Behavioral Intention toward Using Mobile Healthcare System

Pantea Keikhosrokiani, Norlia Mustaffa, Nasriah Zakaria and Ahmad Suhaimi Baharudin (2015). *Healthcare Informatics and Analytics: Emerging Issues and Trends* (pp. 128-143).

www.irma-international.org/chapter/user-behavioral-intention-toward-using-mobile-healthcare-system/115111

A Proof of Concept of a Business Intelligence Platform to Support the Decision-Making Process of Health Professionals in Waiting Lists

Marisa Esteves, Márcia Esteves, António Abelha and José Machado (2019). *International Journal of Privacy and Health Information Management* (pp. 14-32).

www.irma-international.org/article/a-proof-of-concept-of-a-business-intelligence-platform-to-support-the-decision-making-process-of-health-professionals-in-waiting-lists/267202

Artificial Intelligence via Competitive Learning and Image Analysis for Endometrial Malignancies: Discriminating Endometrial Cells and Lesions

Abraham Pouliakis, Niki Margari, Effrosyni Karakitsou, George Valasoulis, Nektarios Koufopoulos, Nikolaos Koureas, Evangelia Alamanou, Vassileios Pergialiotis, Vasileia Damaskou and Ioannis G. Panayiotides (2019). *International Journal of Reliable and Quality E-Healthcare* (pp. 38-54).

www.irma-international.org/article/artificial-intelligence-via-competitive-learning-and-image-analysis-for-endometrial-malignancies/237990

Building a Health Care Multi-Agent Simulation Sysmte with Role-Based Modeling

Xiaoquin Zhang, Haiping Xu and Bhavesh Shrestha (2010). *Health Information Systems: Concepts, Methodologies, Tools, and Applications* (pp. 694-716).

www.irma-international.org/chapter/building-health-care-multi-agent/49894

End User Perspective

(2024). *Multinational Electronic Health Records Interoperability Strategies* (pp. 115-153).

www.irma-international.org/chapter/end-user-perspective/340743