



The paradox of health education

A while ago, my receptionist came through to say that a patient had phoned our rooms in a panic and asked to see me as an emergency. I was very booked up, but said that I would fit her in just before lunch. She arrived early and was obviously anxious. It turned out that she had gone to the chemist and had had a cholesterol test. The result was 6 mmol and the chemist had told her it was “too high” and “above normal”. She thought that she was going to have a stroke immediately and had come in for a check-up.

Daily, we encounter situations whereby patients state their fears plainly about what they have interpreted or misinterpreted to be the problem from information that they have received. The problem is even more complicated when they do not state their hidden fears or underlying misgivings about the flood of medical information that is now available on the market.

In a similar way, I try and make a point of watching *Carte Blanche* on television on Sunday evenings to find out what exotic and rare diseases or tumours are being discussed, so that I can anticipate what frightened patients are going to come in to have screened the following week. I code it under the heading “*Carte Blanche* panic”.

When I started to practise over 40 years ago, mothers were more confident, men hardly ever thought about health and children were unaware of their bodies or behaviour. The patients knew very little about health or illness. It was a simpler life. They even occasionally believed what I said.

Mothers used home remedies handed down by their own mothers, and men rarely consulted, except for injuries. Lifestyles were taken for granted and the doctor's advice was reassuring, unquestioned and based upon the small amount of available information.

In the 1970s and 1980s, the information era started to explode. Books and the media began to inform mothers and fathers why they were bad parents, what they should be doing about it and the consequences of their failures. At times, it was a rather dramatic and disproportionate portrayal of the dangers of stepping out of your front door in the morning.

I watched as anxiety increased over health and confidence in common sense was eroded. An increased dependency on medical, paramedical and psychological agencies came with this.

I started to receive phone calls in the middle of the night if a child had a slightly raised temperature with no other symptoms, and was asked if it was meningitis. Getting back to sleep when these doubts are raised is not easy, even when the contingencies are remote.

I also had misgivings about health education during the sexual revolution and the HIV/AIDS epidemic, in that it made people aware of activities of which they had never known about before. It may have had the opposite effect of initiating self-fulfilling prophecies, and making populations aware of behaviour that they could justify on the basis of presumed common practice.

The other problem with medical education is that half of the information or misunderstood information is not verified. Patients hand me the ubiquitous computer printout from the Internet, on which they have highlighted the side-effects of the medication that I prescribed to them last week. Usually, the information pertains to evidence-based medicine which is sound, but this is often obscured by anecdotal one-off side-effects and personal opinions and beliefs.

It sometimes amounts to a contest between the right to know and the right to be frightened. I have also found that patients have got things completely wrong and have carried out the opposite of what was intended. These are the ones who complain that the suppositories taste rather bitter.

Sometimes when I am giving advice, I wonder about the effects of this information overload. We know so much now that it is difficult to know what to tell and what to leave out in the time that is available. I watch patients' nonverbal communication and eye movements to try and ascertain when they are switching off, and whether or not my words of wisdom are flowing over their heads and into the ether beyond.

Core skills have changed over the years. I now find that one of the most important skill is being able to give the correct amount of information which is relevant to the patient's context, culture and educational level, and then to ultimately check that it has been understood.

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