

increasing interest in outside control. The near future will show the extent to which we can keep it that way... I am convinced that economic pressure does not necessarily and,

on its own, lead to difficulties in caring for patients, but, depending on our reactions, can also mean a rise in quality, to a more important role of General Medicine within the Health Care System.

## Healthy patients and 'non-disease'

Lotte Hvas

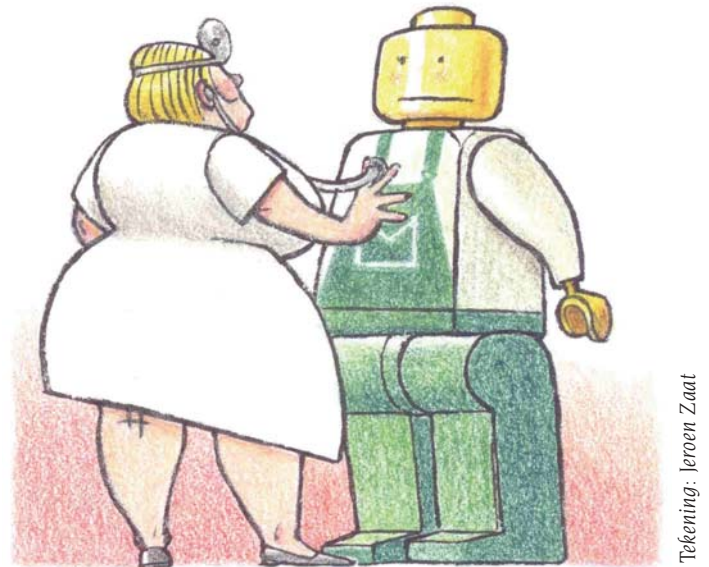
What has changed in my surgery in Denmark in the last ten years? The first thought: nothing! Changes take place so slowly it is not possible to notice them from day to day. It is not much different from looking at your face in the mirror every morning: it looks the same as it did yesterday. But a glance at a photograph taken ten years ago will bring you back to reality! Looking back in this way I must admit something has happened, also in my surgery. We have new drugs and more advanced technology and we are taught about evidence-based medicine and how to use guidelines. But even in the most central part of my work, in the contact between me and the patient, I have noticed changes.

But why have things changed in relation to the patient? Could it be just because I am ten years older and have more experience? I certainly do not talk about the same things as when I started as a GP in 1990. The technical, biomedical questions still take up a central part of the consultations, but it takes less time, and there has been a shift towards questions about life in general, about fears and joys in the patient's life and family. Increasingly I try to be more patient-centred. Some would argue that this is a feminine virtue, with female GPs working more with soft issues, bringing up questions about life in general. But I doubt it: many male colleagues tell about the same change in their professional attitude as they grow older and more experienced.

Patients also changed. They have become more demanding – but seldom in an annoying way. The Internet provides them with lots of facts, and better-informed patients are better able to cope. I still feel they trust me, even if I do not always agree with the 'Internet information'. But some patients are a problem, especially those who are not used to reading and are unable to pick out the relevant information, because clearing up misunderstandings is time-consuming. Ten years ago 'yes' or a 'no' would have been enough.

### Auteursgegevens

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Tekening: Jeroen Zaat

Patients are becoming healthier but spend more time worrying about future health risks and oncoming diseases. The waiting room is increasingly filled with people in good health instead of patients with acute or chronic diseases. We are living in a modern 'risk society', and are experiencing mass focus on risk factors that may be susceptible to modification. Now I see people 'suffering' from risk factors – low bone density, high cholesterol or marginally elevated blood pressure and people asking for regular 'servicing' as if they were cars. Pregnancy has become more risky than ever, with pregnant women being examined for several conditions.

The introduction of drugs to treat minor symptoms (also called 'non-disease') or experiences earlier seen as 'normal' parts of life, also influences my daily work. Modern patients try to manage their own life, believing that their choices are their own and that they are responsible for achieving success and happiness. On this narrow and lonely road there is no room for illness, for pain, or suffering. Minor symptoms may lead to the involvement of the GP, and when the problem is looked at with a medical eye, the prescription is not far away. The rapid increase in the use of SSRI, not only for serious depression, is a clear example.

The treatment of the sick will not be my concern in the future. We will, of course, always be there for our patients with our best pos-

sible skill and empathy, and they will always need us. But my concern is with the healthy. How do we treat 'healthy patients' and 'non-disease' in the best way – and without using up all our personal and economical resources on the subject? There are several dilemmas which, unfortunately, cannot be solved by drawing up new guidelines.

Instead, I think it is necessary that we, as GPs, speak up in the

debate, and draw attention to the side-effects of medicalization that makes healthy people feel ill and on the process of 'disease-mongering' as it invents new patients, new diseases and new target groups for medicine. Our goal must be to empower our patients, including the healthy ones, to be able to manage and take control of their daily lives.

## Relationship between Doctor and Patient in Mongolia

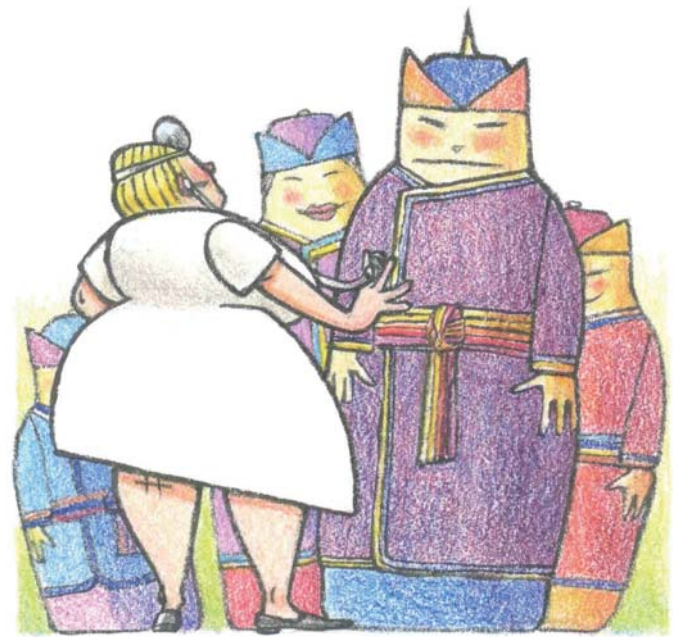
D Myagmartseren

Since 1990 Mongolia has been in a state of transition from a communist system to a market economy, with consequent rising unemployment and poverty: 35.6% of the population are classified as 'very poor'. The other side of the coin is a small number of 'rich people' with easy access to a growing number of private clinics, especially in the capital, Ulan Bator. During the communist period everybody had free access to health care facilities, but they had no freedom of choice. There were large primary care clinics and no competition between doctors. People didn't take much care of their health because medical care was free, so it was not important to invest in a good relationship between doctor and patient.

Today, 234 family clinics have been established and there are about 950 family physicians. Patients in the city receive their primary health care from the family clinics while rural patients attend a medical station with between one and three doctors, a couple of nurses, laboratory assistants and ancillary personnel. Family doctors are responsible for the health of a family. Patients can select their family doctor themselves and receive care 24 hours a day, seven days a week. The recent development of primary health care has given the family physician the possibility to decide independently on referrals and treatments. Today family doctors are closer to clients and to the family. Primary health care is improving and, in the city, competition exists between family clinics and doctors. People prefer to stay registered with one doctor because of an increase in care offered to the chronically sick and the elderly.

### Auteursgegevens

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Why, however, do most people prefer to consult hospital specialists? This is probably determined by history. First, medical care was free; second, primary health care was unsatisfactory; third, most people have a low standard of living.

In previous years the health care system was evaluated according to the number of doctors and beds per patient, whereas nowadays it is evaluated according to quality of service, average age of registered patients, mother and infant mortality and the effectiveness of health economy.

The health care system is evolving in a more patient-oriented direction. Doctors have to pay special attention to the growing poverty, which generates infectious diseases, and knowledge problems. The new medical curriculum follows the changes in society.