
SELF-HELP and THE MEDICAL PROFESSION

by

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This article is based on a chapter from the writer's forthcoming book on Self-Help. The material and references for the chapter are mainly obtained from "**Participation in Health**" by James McEwen et al.

At first, Self-Help and therapy appear to be opposed. For how can people be helping themselves if they have gone to someone else for help? One answer is that the person was using self-help in going to the therapist in the first place. Beyond that, a therapist knows that all that s/he can do is to set free the healing processes within the person's own self. Hence the aim of the therapist will be to make the client free, autonomous and able to progress independently; the client will become a self-helper.

There are a few psychotherapists whose programme is so obscure or stereotyped that they never set the patient free in this way. But I am assuming that the aim of a therapist will be to achieve self-help. That is my definition of the word "therapist". I set in contrast the word "medico" as one who uses the medical model. (it can be noted that either a "therapist" or a "medico" may or may not have had medical training).

So let us look at an old-fashioned medical model: you took a set of symptoms to your doctor; he gave you a prescription for some tablets. Fullstop.

If you were lucky - or especially persistent - he would tell you that you had X-itis.

You got better. (Or you did not).

This picture, in so far as it is true, is changing, but like all change, the alteration, takes place first in pockets. The change is towards a partnership in consultation and treatment.

In the old days in the hospital the matron and sisters were energetic at clearing relatives out of wards, if they ever managed to enter. Even the husband had to tread the boards at home while the baby was being born. Had you an ache, you did what the doctor ordered.

Today, we participate. More exactly, we are learning to do so. Self-Helpers learn to speak the doctor's language, make decisions rather than take orders, have responsibility for their own treatment and act for themselves rather than press for someone else to do so.

In the past there was always a good deal of treatment by people of themselves without recourse to the medical profession at all. Great sections of the community had no access to doctors in any case, although they may have had a "coping network" with a wise old woman at the centre. Hence there was a good deal of folk treatment, mainly consisting of old herbal remedies, such as boiling nettles and making herb tea for congestion of the chest. For a bad cold a night-cap of hot elderberry wine or a spot of hot whisky is still a potent remedy. On a more sophisticated level people have been used to going to the local apothecary for such problems as a raised temperature, headache, indigestion or sore throat.

Even today research shows that ninety per cent of people medicate for themselves; twice as many medicines are bought which are non-prescribed rather than prescribed; more people care for their own complaints than see a doctor. When symptoms of illness were listed among a group of people, it was found that only one in thirty-seven symptoms were referred to a doctor. Of those attending an out-patients clinic, nearly half had first tried treating themselves.

But, even when the people have become "patients" and have been officially prescribed a medicine, the doctor cannot be sure of cooperation. One study spoke of 30% - 50% non-compliance. Half of the patients do not read labels; 2.5%

of prescriptions are never filled; 16% are thrown away before being fully used; and 20% are not used as directed.

A cynical view might be that much of these figures do not matter, if you consider another batch of figures, namely that 80% of illness is functional and could be cured by any healer with warmth and an ability to inspire confidence. Another ten per cent of disease is incurable, which only leaves ten per cent for the skills of the physician.

We also have to take into account the present movement for prevention. Doctors increasingly see their role as preventing illness before it ever arrives. But there must be lines of communication for this education to happen.

So what changes can we expect in the future? Several phrases have been coined.

One change is towards "open medicine". It happens when you go to your doctor with a problem. Together you engage in a discussion of the diagnosis. You "meet as two human beings with mutual trust and respect". You are shown any reports and your doctor explains what they say. You have access to your own records. You are encouraged to ask any questions as to possible remedies and outcomes. You may learn, for example, that cures have been made with treatment "X", although it is not always successful and many have certain side-effects.

You will want to know what the outcome is likely to be if you have no treatment at all. And finally, you will be invited to make a decision about the treatment. You may agree to give "X" a trial.

What has occurred is partnership. The decision which has been made is yours. And because you yourself have decided to take a certain course of treatment, then you will be likely to carry it out.

The main factor which sets back the development of this trust, is that some people feel they should not think too much about illness (true!); or they are nervous about knowing all the facts. Indeed, in the past doctors have not told people if they think that the outcome is fatal; nor have they mentioned the side-effects of treatment for fear that these effects should be increased by the power of suggestion.

But you, of course, as an independent Self-Helper, will want to know. The modern term is "informed consent". If your doctor is not one who practises open medicine, you should know that there is a tradition that a physician is not liable for withholding facts about treatment, unless specially asked. So do ask questions.

Self-Help has been found to be 75% effective and only 5% harmful. You yourself are likely to take more time and care over yourself than anyone else is. To have knowledge is a protection, not a drawback.

Dr. Keith Sehnert uses the term "the activated patient" for "a brand new breed", "who talks the doctor's own language". Pratt extends the concept to the whole family - "the Energised Family",

The medico will give you an ointment for an ache and leave it at that. The therapist, using the "holistic" method, will recognize various layers of possible causation and work through them. The movement towards participation in health also understands the need for treatment of the whole person, although the ten minutes or less which GPs often have with a patient gives them little scope. If you are interested in a particular branch of alternative medicine such as homeopathy, your doctor may help you to obtain it. He will not regard it as a threat, but as "complementary medicine". But at present only a minority of doctors take this attitude.

Another move towards self-help in medicine lies in enabling people to test themselves at home when they have long-term problems such as diabetes, asthma or hypertension. The latter provides a good example of procedure. Usually it is not possible for a person to be aware of high blood pressure from the way they feel. A "medico" will see a patient, take the blood pressure and prescribe say a diuretic. After three months the process will be repeated and the medicine perhaps increased, decreased or changed.

There are two drawbacks. The first is that blood pressure is variable as to time of day and general circumstances. One reading in the clinic is unreliable. So you provide the self-helper with apparatus which enables them to take their own blood pressure at home.

The second drawback is that hypertension should be treated on several levels, including diet and lifestyle. The great advantage of taking the pressure at home is that

the person knows when it is highest and what conditions lead to it being higher. S/he can also use the measurement as biofeedback to determine the success of relaxation and other methods. The physician who can teach a person to do this is not a "medico" but a "therapist". The person is no longer a patient but a self-helper.

With this model the aim of any therapist will be to create self-helpers.

References

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CARD-CARRYING SCHIZOPHRENIC

I assure you
my illness is
merely reactive
and; my affects
utterly appropriate
to the chasm
felt within.

Only, I have
the right
to give
as well as
you, not
merely to be
healed; but heal, not
merely to be
loved; but
love.

Anne Khan