

## Tekst 6

### Trust me, I'm a patient



A few years ago, my friend Jack went home to Cornwall for his father's funeral. His father had been the local GP and the church was packed. Afterwards, the mourners queued to express their condolences to Jack and his sister: one man explained that he had come because the doctor had delivered his three children and four grandchildren; a woman told them that she owed their father her life because he'd made her stop drinking; a couple remembered how the doctor had climbed out of bed one Christmas Eve to rush to their infant's bedside because they feared a chest infection had turned into pneumonia.

Jack's father was 18. The once familiar figure of the beloved GP whose skills have cured generations and whose devotion to his patients (never clients) meant he spent his life rushing from housecall to housecall has become a memory. Equally, few GPs today would expect the respect and veneration which Jack's father enjoyed among his peers. Today's GP, and the relationship he or she has with their patients today, is altogether different.

A survey published last week by *Reader's Digest* casts some light on how doctors 19 their patients. Of the 200 GPs who took part, half said they would like to tell their patients to wash before coming to see them; two-thirds want to tell them that they're too fat and about half do not believe their patients take the medication they recommend.

It's not exactly heartwarming: GPs sound seriously frustrated and disillusioned in their dealings with us. Are we, the patients, to blame? Or are we finally reacting to centuries of their superior attitude towards the layman? Did the rot set in when the medical profession was forced into a marketplace mentality, with our health as the product, doctors the providers, ourselves the 20?

Commercialisation can go too far. A doctor's surgery is not a shop. When we buy a gizmo at Dixons, we give nothing more than our money. But when we visit a doctor, she cannot heal us unless we 21 about our symptoms (the embarrassing itch, the persistent cough) and our habits (how

much we smoke or drink and just how much butter we like to spread over our toast), nor can she help us unless we are committed to following the treatment she prescribes.

The consumer, 22, has obligations: politeness or at least civility, cleanliness, and the willingness to try the treatment administered. As one GP in an NHS practice in south London says: 'I am here to treat any patient on my list. But it is a lot easier to do it properly if they keep their side of the bargain. I expect them to be punctual, sober and clean, to answer my questions politely and honestly and then to take my advice seriously.'

Some patients take their health very seriously indeed. They step into the surgery armed with facts, figures, and Lancet articles. Few doctors can keep up with them. One woman I know, after her hysterectomy, asked her doctor about post-op treatments available. He shrugged and coughed and could think of nothing. That same day, she got onto the internet and found a self-help website, with post-op advice and treatments, and tips from other women who had had hysterectomies. One entry, she noticed, had been contributed by a nurse who worked in her GP's practice, and yet he had not so much as taken notice of 23.

This new breed of patient must prove daunting to GPs. When the doctor was seen as a wise paterfamilias, whose role was to scold and support the recalcitrant child-patient, too many of us dropped our intelligence and spirit of inquiry when we set foot in the surgery. The healers were sacrosanct, their prescriptions 24. Mute and docile as children cowed by father's caning, patients did their medic's bidding.

Today, this blind trust in authority has given way to wary suspicion. Whether it be the doctor, the teacher, the priest, we question those who 25 any aspect of our life. What right has my doctor to say my snoring is a result of heavy smoking and obesity?

This rejection of authority can prove as harmful as blind obedience to every dictate issued by the doctor. If we discount everything our GPs tell us, if we treat them with dislike or disrespect, can we expect them to have our well-being at heart? Yes, we, the patients, need to take an active part in our health – we can no longer approach medical terms as if they were an obscure Cantonese dialect and our bodily functions as if they were obscenities at a tea party. But in establishing active interest in 26, we cannot elbow out those trained to safeguard it.

*The Observer*

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*Kies bij iedere open plek in de tekst het juiste antwoord uit de gegeven mogelijkheden.*

1p **18** ■

- A one of a dying breed
- B one of the best
- C one of the lucky few

1p **19** ■

- A are misunderstood by
- B are seen by
- C deal with
- D view

1p **20** ■

- A consumers
- B outsiders
- C patients
- D victims

1p **21** ■

- A are honest
- B have done something
- C know

1p **22** ■

- A ironically
- B nevertheless
- C similarly
- D therefore

1p **23** ■

- A his patient's information
- B his patient's weak condition
- C the nurse's criticism
- D the website's existence

1p **24** ■

- A familiar
- B infallible
- C numerous
- D useless

1p **25** ■

- A are disrespectful of
- B claim control over
- C know all about

1p **26** ■

- A a good relationship with our GPs
- B our physical welfare
- C the medical profession
- D the patient's behaviour