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Rheumatology

Elective Assessment Part 1

Health Related Objective: To gain further exposure to rheumatology and understand the role of the physician in treating rheumatic conditions.

Personal/professional goals: Possibly to assist in an audit. To reflect upon the patient experience in the treatment of rheumatological conditions, as a model for chronic disease.

My elective period in rheumatology allowed me to further my experiences in the field, I saw conditions that I had not previously seen in my clinical practice, such as a gentleman who had Wegener's granulomatosis, and patients with familial mediterranean fever. Seeing the conditions and the patients first hand made more of an impact than reading in a textbook. Seeing Gottron's papules for the first time in a man who had dermatomyostitis and who had then developed systemic sclerosis my expectations (derived from textbooks) were quite different from the reality, which was much more subtle, this was an important learning experience for me; I could answer the question in an exam, but miss the clinical sign when it was (literally) right under my nose, I will be more vigilant and question more now.

Whilst on my elective I observed a wide scope of rheumatological conditions and their influence on patients. Interestingly there was often no significant correlation between the severity of the rheumatological condition; medically speaking, and the effect, or rather perceived effect upon the patient.

I saw a woman in her 50's with complex regional pain syndrome, she was medically quite unremarkable, however the impact upon her life was severe. She had been given almost every painkiller possible in an attempt to treat her pain, though to no avail.

A subsequent patient, with systemic sclerosis appeared superficially to be well, though close questioning revealed that he was in immense discomfort secondary to his sarcopaenia, which made walking very uncomfortable for him; he described it as like walking on stones.

Comparing and contrasting patient perception of illness, outward expression of illness and medical severity raised some important questions and issues for me; on a previous placement in dermatology at Whipps Cross hospital I remember sitting in a clinic ran by Dr Bewley, where a young woman presented with acne vulgaris, subjectively she thought her skin to be terrible and she broke down as a result, objectively there was little in the way of acne. It was explained to me that this was a case of psychodermatology.

I draw this comparison to my time in my elective placement, as I observed some clinic attendances where the patient perception of illness was far removed from the clinical severity due to patient perception of illness, patient expectations of modern medicine, and psychosocial factors. Whilst the cases I observed were not so extreme, often the psyche did play an important role in the disorder.

Speaking with Professor Jawad I was enlightened on the placebo effect; amongst other factors the more expensive an intervention or medication the stronger the placebo effect from it. Armed with this knowledge I observed patient reactions to being told that they would be commenced on an expensive medication. Perhaps because of the gratis nature of medical care in the United Kingdom, and the placebo perception that an expensive medication is a better one, patients were usually delighted to know that they were to be given an expensive therapy. An interesting case was that of salmon nasal spray; nasal

spray sounds most unattractive especially when considering that it comes from salmon, however, with what could best be called priming, or the pre-conditioning of patients by informing them that this calcitonin spray was expensive no doubt in served to increase both compliance and the placebo effect that would ensue.

In my practice as a junior doctor I hope to use this newfound knowledge to increase compliance and boost the placebo effect in my patients. I now see how a significant portion of the clinical efficacy derives from medicine as a performing art.

The physician is more than the interpreter of test results or the designer of a care plan; the physician is also an artist, eliciting confidence in, and guiding those who need help.

I was also fortunate enough to observe what was arguably one of the most bizarre patient presentations I have ever seen. A middle aged lady with multiple co-morbidities attended the clinic as a follow up. She was quite irate that her transport had been stopped, which she talked about at length and how this made her attendance so challenging. Professor Jawad empathised with her, and had even previously wrote a letter in support of her getting transport to hospital. The lady was not obviously worried or concerned about any rheumatological issues, in fact her only real issue seemed to be about the provision of transport to hospital. Not once did she mention any previous or current rheumatological problems in the consultation.

From my time in GP placements I was aware that some patients like going to the doctor for a chat, however I thought this was only the case with older, lonely persons. This case showed me that some people just like to see the doctor, not out of loneliness, medical necessity nor even Münchausen's syndrome.

On my elective I was shocked by the scope of vitamin D deficiency, whilst understandable in very dark skinned persons who therefore need more sunlight, in caucasian patients the deficiency was rife, despite the fact that as little as 15 minutes of sun exposure per day would suffice.

Reflecting on the scale of the problem I realised that actually the medical campaigns designed to prevent skin cancer could actually be too effective, too overzealous and may actually have gone so far as to cause harm, breaking the first tenant of medicine - "primum non nocere" for some of the population. This will most certainly affect how I dispense medical advice to patients; I will now be careful so as to ensure that advice is heeded in moderation.

The prevalence of vitamin D deficiency was alarming as it appears to be the new wonder vitamin, whereby a deficiency may be linked to autoimmune disorders in addition to general aches and pains (which were severe enough to warrant the admission of patients to the rheumatology clinic).

The simple solution (sunlight) for a simple deficiency was astonishing, no medical intervention was often needed (unless severe cases where a depot injection was possible), with the exception of asking a patient to get some sun wearing shorts and a t-shirt. Some patients, upon being informed of their deficiency asked if a vitamin D pill were available, and found it quite hard to comprehend that often no pill, just sunshine, was needed.

In summary my rheumatology elective provided me with medical insights such as that NSAIDs, unlike paracetamol, can hasten hip degeneration. Aside from furthering my knowledge in the rheumatological field I gained valuable experience and exposure to clinical signs I would have otherwise missed. Perhaps the most useful lessons came from observing how patients interpreted and incorporated information dispensed to them and, this will certainly improve my modus operandi as a medic.