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Practice Experience

## Dilemmas of a GP

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On a usual busy morning in my hospital OP, a gentleman in his 60s walked in with his young daughter who, unlike him, was well-dressed and spoke fluent English.

With one look at his puffy erythematous face, the diagnosis of “chronic ethanol abuse” flashed in my mind.

He started narrating his story. He had been sent by the pastor of the local church for free treatment here. Ours is a charitable, missionary hospital where we get many self-proclaimed charismatic men and women apart from actual members of different religious congregations.

He had a swelling in the submental region for 3 months and another slowly growing swelling in the neck causing mechanical symptoms. This needed a resection and biopsy at the earliest. He was found to have high BP and blood sugar on routine check up along with weight loss, breathlessness on

exertion, and signs of peripheral neuropathy and fluid overload. A Pandora’s box was being slowly opened.

He was diagnosed with hypothyroidism 9 years before and was on a 50 mcg replacement dose. But not a single thyroid profile was done in those years. “But I take the tab regularly and I have no symptoms of thyroid” he answered, looking irritated when I asked him about his apathy! Added to it was the financial difficulty, he said, and that was when he approached the church where he belonged. The big hearted pastor had agreed to sponsor the treatment he needed.

He proceeded. He had been smoking at least a pack of bidis or cigarettes a day since he was 18 years of age! “It just costs about 10-20 rupees per day”, the justification came promptly from his “English speaking daughter”.

And then came the piece of history to confirm my spot diagnosis - 2 quarters of hot drinks per day for more than 35 years now. Could I be wrong here? No way!

I began my usual advice about how he needed to get his sugar and blood pressure under control, quit smoking and alcohol consumption, and get all his investigations done thoroughly. To my boring lecture, he replied that he had no financial support for investigations and had to manage with what the pastor gave, yet he needed a solution for his symptoms and fitness for surgery without compromising on his habits!

The doctor in me is in a big dilemma:

- How did he obtain finances for all his fancy habits till now?

- How did the pastor not reason before giving him financial support that he is a smoker and alcoholic? \* Is that a routine which can be sidelined as normal?
- His family supports his habits very well knowing the ills of it – “he needs to be mentally happy at this age” according to them.
- How can we doctors deal with such “impractical jokers” as I call them?

I am sure many of my friends here will relate to this and hence penned my thoughts. Aren't such patients real social/emotional challenges to us practitioners? I am still looking for solutions.

I haven't seen the patient in follow-up – he probably found *me* an “impractical joker”!