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Practice Experience

## Dilemmas of a GP (Case 2)

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### How and when should we cut down an extended consultation?

A young man walks in with his wife into my clinic one night jumping the queue saying he is very sick, running very high fever and is too tired to wait. Although I see patients with appointment only, these kinds of walk-in ill patients are let in by my receptionist with a warning that they do not have an appointment and are replacing another patient's time.

He definitely looked sick and dehydrated (unlike quite a few who come with “supra-cortical” illnesses) , had a temperature of 104.8 degree fahrenheit, low BP, but did not have any particular focus of infection. He gave a past history of vitamin D and B12 deficiency but had stopped treatment a few weeks ago.

Since it was the dengue season in Bangalore and wanting to rule out other infections too – I advised for a preferable admission and worked up for the routine infections. Meanwhile I started noticing that his wife was constantly interrupting the consultation talking about her Vitamin B12 deficiency, her sister's deficiency and how different the symptoms were for each of them. I did give him a paracetamol injection which I load and give myself as my small clinic does not have a trained nurse for it. Overall the consultation was overshooting the normal stipulated time which started making me a little restless by now.

Denying my advice for admission, the patient said he will get the investigations done and review. He slowly walked out of the clinic for payment but his wife wasn't ready to go. And to my dismay she started asking about the lesions on her lips since 2 weeks (herpes labialis), the reasons for it and what she could do to alleviate it!

As a GP now my dilemmas crop up –

1. How to manage such “buy one get one” consultations? That too during a busy OP?
2. The young lady very well knows that she has come in another patient’s time slot and has seen the queue of patients outside.

Still she deems it appropriate to discuss trivial issues. Can we cut short such statements without hurting their sentiments and losing our temper?

3. How can a GP be “politely strict “ with the patient ?