

# A renaissance of true consultation?\*

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**1970:** *I have completed two years as a medical registrar and am undertaking a general practice locum before going abroad. I have visited a 45-year-old woman with a sudden onset of severe headache, found elevated blood pressure, made a provisional diagnosis of subarachnoid haemorrhage, and, aware of current wisdom that transporting such patients is thought to pose great risk, have done a lumbar puncture at her home but found a clear tap. I am now at a loss to explain her symptoms, so call in Sir Edward Sayers, general physician and lately retired dean of the medical school, for a bedside consultation. He emerges after examining the patient, and we talk softly in the hall. His diagnosis is migraine, an apparently rare condition I have never encountered in my hospital career. He suggests gently how I might manage the patient, makes his farewells to the family, thanks me for the opportunity, and leaves me to discuss his recommendations with them.*

**2005:** *I have completed 35 years as a general practitioner and have with me in my rooms a 40-year-old woman who has severe migraine twice a week, variably responsive to sumatriptan, dulled by NSAIDs, but unaffected by prophylactic betablockers, tricyclics, or pizotifen. I need a bit of advice on the next step in prophylaxis, so I call the hospital and ask to speak to the local neurologist, but after six minutes of appalling music,*

*hang up, phone again, and ask to speak to the registrar. After another six minutes of mind rotting pap the operator apologises that the registrar is not answering her tracer. I ask to speak to the outpatients clerk, but she is busy with a customer, so I tell my patient (remember the patient?) that she should go to the hospital to make an appointment herself to see the neurologist. I write the referral letter and give it to the woman, hoping she has not by now decided I am an irritable old man, and hoping further that she will not get too bad a reception at the outpatients' desk.*

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Okay, we can't go back – but the 1970 scenario was educational, a graceful meeting of equals, and it saved a hospital admission. The 21st century scenario wasted everybody's time and made more than one person angry.

## Telephone consultations

Bradstock and her colleagues have described a process<sup>1</sup> that just might be as educational, elegant, egalitarian, efficient and economical as the 1970 scenario. 'GP-Psych Support' is a national Australian mental health management advice service that links general practitioners (GPs) with psychiatrists by phone, fax or email within 24 hours. The service is federally funded, and began operating in March 2004. Over the first six months of operation of the phone/fax arm, there were 726 case discussions between GPs and psychiatrists.

A third of the GPs were rural, and 17 per cent used the service twice or more. Most GPs (94 per cent) accessed the service through the 1800 freecall number, rather than by fax. Three-quarters identified no other suitable, accessible source of urgent psychiatric advice. The most common topic discussed was medication (77 per cent), with lower demand for discussions of general management principles (12 per cent) or diagnosis (7 per cent). The feedback was very positive, with over 99 per cent of respondents indicating that they would consider using the service again. Over 95 per cent were satisfied with the service in terms of ease of use, helpfulness of advice and ease of interaction with the psychiatrist. Over 85 per cent rated GP-Psych Support as more accessible, reliable and the advice more appropriate than other sources. Over 70 per cent said contact with the service had given them new knowledge about the management of mental disorders and their confidence in managing mental health problems, and had improved the quality of care they provided to their patients. Fifty-three per cent reported greater willingness to manage complex mental health problems.

Wadhwa and her colleagues have recently described a qualitative assessment of similar paediatric telephone consultations in Canada, and in it they provide a nice theoretical underpinning for the Australian observations.<sup>2</sup> They too found telephone

\* Throughout this paper I have used the word 'consultation' to mean an 'inter-doctor' meeting between a practitioner who seeks advice or help managing a patient, and a consultant who provides it.

