



Working in the swampy ground can be very frustrating. This story is not really funny, but the situation is laughable (in the sense of being ludicrous)!

I had this patient, a rather shady character, who broke his leg (an intra-articular fracture of the knee, sustained mysteriously) and ended up in hospital. He was discharged and went to live somewhere else for a while and then turned up back at our practice where he had been a patient before. He was limping and on a variety of medications including M-Eslon 160mg twice daily with Sevredol for break-through pain. He had apparently been started on this in hospital although it is still unclear to me who actually wrote the first prescription. Alarm bells were ringing loudly, but after a few rather unsatisfactory phone calls I discovered that it was true that he had really been prescribed morphine in these quantities and that he had been taking it (presumably) for several months. I kept him on this for a while with prescriptions restricted to five days' supply (despite loud protestations) and tried to find out how I could get some help with managing what appeared to be a messy situation.

He returned for a repeat prescription and while ostensibly taking his blood pressure but in reality inspecting his antecubital fossa, I discovered the expected needle marks and – quite

bravely I thought – confronted him with this discovery. He quite openly admitted that he had been injecting methamphetamine. This was now definitely a situation that was out of my ballpark. I contacted the local Drug Advisory Service and wrote specifically, 'He has a PH of drug use and admits that he is currently injecting methamphetamine. I have challenged him that he is using the morphine for other than analgesia but he vehemently denies this. I believe that he needs to be on a restriction order but have given him the choice of an opinion from your service.'

As I should have expected, the guy asked for a copy of my referral letter and, after reading it, decided to change to another GP and made his opinion about my management quite clear to our receptionists.

In due course (predictably considerably protracted), I received a response to my referral. I quote:

*'Thank you for referring this gentleman to our Service. I finally managed to see (him) at (clinic). He has expressed some concern over the rationale for his referral to this Service. I have asked him to liaise with you over this matter. He has asked for certain issues, which were discussed, to remain confidential. He denied diverting or misusing his prescribed medications. With regard to application of a restriction order I will leave this for your further consideration. (Name)*

This is a column written from the swamp. The term is taken from the book by Donald Schon<sup>1</sup> where he talks about the crisis of confidence in professional knowledge thus:

*In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.*

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

## Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.

*agreed to further contact with this Service and was offered an appointment for (date) but failed to attend. I have written to (name) to offer him another appointment and will discuss with him if he continues to require support from this service.'*

I was gobsmacked. I am relieved that he is no longer my patient but I am seriously concerned about the lack of support that we have for managing drug abusers in general practice.