



Some years ago when I was exploring a number of therapeutic options outside mainstream medicine I attended a workshop on Neuro-Linguistic Programming (NLP). Throughout the workshop the presenter interspersed metaphors and aphorisms for the group to ponder. One that stood out for me was: *'The truth is what you believe it to be'*.

For many of my patients and for a number of colleagues this statement is their reality. This is not to say that they are inflexible. Their truth may vary from day to day but it is the reason for their behaviour. Knowing this helps us to understand why unusual requests and sometimes bizarre behaviour do not appear out of the ordinary for someone whose truths are quite different from ours.

This story was triggered by my recent encounter with a patient who was new to the practice. He was a young man who came in asking for help; in fact, more specifically, he needed something to settle his nerves; actually, would I write him a prescription for valium? Well we all know what this means. However, he had a story. He was dealing with WINZ and due to his past experiences he was having difficulty in that he would immediately become angry during any negotiation and blow his stack. Con-

sequently his negotiations were not going well. If he could just have something to calm his nerves everything would be fine.

Having no previous medical records and wishfully hoping that we might be able to develop a more positive patient-doctor relationship in the future, I prescribed him a few oxazepam and suggested that we should meet again when I had obtained his old records. He was not particularly enamoured with this but agreed to return, which he did a few days later. In the interim I managed to obtain a few notes from his previous practitioner. These were sparse but indicated that he had had dealings with both mental health and penal institutions, and had been prescribed a variety of psychotherapeutic agents including risperidone, but interestingly there was no reference to benzodiazepines. His second consultation began with the statement that the oxazepam was useless, *'like eating lollies'*. He was continuing to struggle with WINZ but had managed to find a personal case manager within the organisation who was sympathetic to his case. However, he needed a letter from me stating that he needed help (financial) to move his belongings from his previous town, as he was sleeping on the

This is a column written from the swamp. The term is taken from the book by Donald Schon¹ 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.

floor and had none of his personal stuff with him. Following some discussion a rather vague letter was written to the effect that it would be helpful for him to have his personal belongings with him. This was followed by a long discussion about medication and how he was just getting his life sorted out but he really needed some valium so that he could continue to work on this without getting angry. Partly to close the consultation and with the even more forlorn hope that I might be able to salvage some sort of therapeutic

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alliance with this guy I prescribed him a handful of 2mg tabs. His response was immediate, *'they're only 2mg tablets, I usually have 5's'*. My reply was that that was all he was

going to get.

Nonetheless a week later he was back. He thought that WINZ might be coming to the party with help to move his gear but he needed another letter. You see, about once a year he visits his father who lives in a town about 250km away. This is an extraordinarily beneficial time as he gets stuff off his chest and sorts his life out. But the problem is he needs

money from WINZ to travel to see him and this requires me to write another letter. While pondering a response that might not seem too offensive I was hit between the eyes by his next request! While I am writing this letter would I please add that he needs money from WINZ to buy 'smokes'. *'You see a smoke calms me down and then I wouldn't have to come in and ask you for valium'*. Any hope of salvaging a therapeutic relationship went right out the window. In as controlled a manner as possible I replied that there is no way that I could support his smoking and that this and any further requests for valium would be declined.

I haven't seen him since. Perhaps he went to see his father.

The Royal New Zealand College of General Practitioners Research and Education Charitable Trust



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The Royal New Zealand College of General Practitioners Research and Education Charitable Trust invites applications from general practitioners for a grant to assist with research. The Trust is currently awarding one grant up to the value of \$4000 three times per annum in order to promote the objectives of the Trust. In general, small research projects are considered for awarding of the grant and general practitioners who are new to research are encouraged to apply having ensured appropriate support for their initiative.

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Further details and application forms are available from:

The Trust Secretary, RNZCGP Research and Education Charitable Trust
P O Box 10440, Wellington 6036
Tel: 04-496 5990; Email: I_james@rnzcgp.org.nz

Applications close on 30 April, 11 June and 15 October 2004