

Is there anything else?

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At the end of a consultation doctors may avoid asking the question “is there anything else?” because they worry about the possible deluge of additional complaints. It might be like opening Pandora’s box. In my version of the story Pandora was given a box by Zeus, who instructed her not to open it. But curiosity got the better of her and she opened the box with the result that all the illnesses and pestilences of the world flew out before she could slam the lid shut. There was only one virtue left inside and that was hope.



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I usually ask the question “is there anything else?” if I am ahead of the game and I am not half an hour behind with my appointments. Responses to this question depend on how the question is asked. You may use an inviting and welcoming voice, such as “are you sure there is nothing else?” (If this is your line of questioning then please apply for sainthood on the prescribed forms.) On the other hand if one is hoping for a negative answer you might find yourself mumbling the question while looking down at the floor and holding yourself up on the sidewall of the consulting room.

In a way this question may not be necessary if all the concerns have already been discussed in the consultation or if, in previous consultations, the concerns have been ventilated and discussed. Even so, some patients may require the doctor to provide additional reassurance and repeat the same answers.

In order to extend the medical consultation there are other questions that can also be used to find out the stories behind the stories. One of them is “how is everything at home?” and another I use when I am walking with the patient out of the consulting room and I ask “where are you going to now?” The answers may reveal “light bulb” information that open up significant unrevealed parts of the patient’s life.

I once looked after a patient for many years and saw her almost once a month. On every visit she complained of pain in her left iliac fossa. I would examine the abdomen and she would ask me exactly the same question about what caused the pain

and I would reply each time that it was the adhesions from her colectomy.

There are various stages that one goes through in this sort of ritual consultation. For the first year I worried that she did not believe me and would be frustrated with me giving the same response. I would ask her “is there anything else that is worrying you?”

She would look slowly away with great sadness and give unsatisfactory, almost dismissive, replies. As I learnt more about her and life in general, I realised that her questions and my answers had more existential dimensions. Firstly, it was superficially a request for reassurance that her diverticulitis had not returned. It was, as well, as an almost reflexive question that she spontaneously made as a routine “opener” to her unhappiness. The stage is often set with the doctor at the bedside and the need to go through this authentic routine of a patient complaining and the doctor giving a reply. It was also the use of the body as a medium of expressing fear and anxiety. This is when the doctor’s presence alone and the power of the physical touch is a therapeutic exercise on its own.

Yet I was often never quite sure if this had been quite enough and that her disquiet has been assuaged. She suffered from what the philosopher Søren Kierkegaard called *The Sickness unto Death*. Our agendas, mine of a cure and hers of a never-ending story, did not match up. I was usually left with a certain feeling of dissatisfaction that I had failed again to calm her inner voices.

Many years ago, I was asked to be the external examiner for a master’s dissertation with the title *The effect of the question ‘is there anything else?’ asked at the end of a patient consultation in a family practice*. As indicated, “is there anything else” invites the patient to expose unrevealed agendas and unstated concerns.

Forty-three per cent of the patients in the above study used the opportunity to introduce new issues that had not been discussed in the consultation. This was compared to a control group who were not asked the question but in which 26% had spontaneously asked additional questions towards the end of the consultation. The conclusion was that even if the consultation was a bit longer, it saved time in the long run by preventing future visits under the dictum of “saving time by taking time”.

All of us have patients who keep coming back regularly. It is usually a busy day and you never quite have the time to sort out the file or address all the problems and tie off the loose ends. So they keep on returning. I have on occasions arranged what I call a "Preemptive Strike Consultation" by asking the patient to come back for a double or extended consultation, preferably the last one of the day. You not only get your mind around the issues and form some additional diagnostic categories, but you also have the time to document them for reference at future consultations. I find that these "sorting-out consultations" help the patient but they probably help me even more in the satisfaction of nailing down some issues and sorting out my future approaches. It also psychologically gives me a feeling of closure on some of the unending avenues of symptomatology and agendas.

In the closing moments of a consultation patients often raise unvoiced agendas that emerge spontaneously under similar phrases such as "while I am here, Doctor..." or "Oh, by the way..." or obliquely by "I've heard that..."

Even with open invitations, patients may naturally be reluctant to reveal hidden or secret aspects of their lives. I recall one consultation that I had with a patient that I knew fairly well, who had come in for a routine diabetic checkup.

At the end of the consultation she said, in a quiet voice, "may I talk to you about something else?"

Yes, of course, I replied.

"I have never told anyone about this."

That's OK. I said.

"I have been doing it since I was about 16 or 17-years old and I am now 37-years old".

OK, I said, what are you doing?

"Several of us did it at school!"

Very well, I replied, what have you been doing?

"You know it just became a habit."

OK, go on, my dear, I said, what was it you were doing?

"I have never really discussed this with anyone before."

That's OK with me. Would you like to tell me?

"It has been a long time."

Yes, I quite understand.

"And it is difficult to explain."

Well, do you want to try?

"I have been eating soil."

Similar to this one, some consultations may reach a relaxed conversational level when the patient has trust in the doctor and is reassured of the confidentiality of the encounter. It is then after the question "is there anything else?" that long-suppressed symptoms, behaviours or agendas may eventually be revealed.