

## MEDICAL PRACTICE

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*Contemporary Themes*

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**The consultation and the therapeutic illusion**

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**At 45 general-practice surgery sessions 200 patients in whom no definite diagnosis could be made were randomly selected for one of two procedures. Either they were given a symptomatic diagnosis and medication, or they were told that they had no evidence of disease and therefore they required no treatment. No difference in outcome was found between these two methods as judged by the return or not of the patient within one month and his statement that he did or did not get better.**

**Introduction**

Diagnosis in general practice is frequently in doubt.<sup>1-8</sup> A firm diagnosis is made in only about half of all cases.<sup>7-9</sup> This article is concerned with those patients in whom no definite diagnosis can be made, who are not a homogeneous group.<sup>10</sup>

This inquiry investigated the consultation by omitting two of its traditional elements. A group of patients in whom no definite diagnosis could be made was told that they showed no evidence of disease and therefore required no treatment. The results of this procedure were compared with those of giving to a similar group of patients a symptomatic diagnosis and treatment.

**Patients and methods**

The investigation was made by one partner in a group of four covering 11 250 patients in a suburban area of Hampshire during 45 surgeries in September and October 1976. Patients attending general

practice surgeries were divided into three groups: "service" patients who were not ill and who came for services, such as inoculations, certificates, and cervical smears, the "diagnosed" group, who presented with definite evidence of disease and in whom a firm diagnosis was frequently made; and the "undiagnosed" group, who came with symptoms which were unsupported by definite evidence of physical or psychological illness and from which no definite diagnosis could be made.

A total of 200 undiagnosed patients attending during the investigation were randomly selected for one of two treatments: either they were told that as no evidence of illness had been found they required no treatment (the "no treatment" group); or they were given a symptomatic diagnosis, often the one suggested by the patient, together with medication (the "treatment" group). All the patients were asked to return in one week if they were no better. All the consultations by the undiagnosed patients in this inquiry were first consultations for each particular complaint. None of the undiagnosed patients was certified as unfit for work.

The outcome of the treatment and no treatment groups was assessed in two ways. Firstly, by noting whether the patient returned or not to one of the doctors within a month of the consultation, and if he did whether he had come with his same complaint or a different one. Secondly, by asking the patient one month after the consultation whether he had or had not got better, and whether he had required any further treatment. This second assessment was done by a postal survey and replies were eventually received from all.

**Results**

During the investigation 635 consultations were made: 165 (26%) were not for illness but for services, leaving 470 consultations for supposed illness. Of these consultations, 270 patients (57%) showed definite evidence of disease (the diagnosed group) and no diagnosis was made in the remaining 200 (43%) (the undiagnosed group).

The outcome of treatment and no treatment of the undiagnosed patients, with regard to whether they did not return to a doctor within the month, or returned with the same or with a different condition, did not differ (table I).

The results of asking the patients whether they had got better and whether they required any further treatment showed that the two groups did not differ significantly (table II). There were no significant differences in the age distribution of patients in the various groups

(table III). Nor was there any significant difference between the successfully and unsuccessfully untreated patients with regard to the frequency with which they consulted the author rather than his partners in the five (and ten) consultations previous to the investigation or to their length of stay in the practice. Again, there was no significant difference between treated and untreated patients with regard to the number who consulted the author rather than his partners at the first consultation after the investigation.

Of 50 different symptoms complained of by the undiagnosed patients, the 10 commonest were abdominal pain (31); cough (27); sore throat (20); headaches (11); pain in arm (10); pain in back (10); ears symptoms (9); pain in chest (9); pain in leg (8); and dizziness (7).

TABLE I—Patients who did and did not return within a month to the doctor after treatment and no treatment

	Treated	Untreated
Patients who did not return	72	71
Patients who returned with the same complaint	18	15
Patients who returned with a different complaint	10	14
Total	100	100

$\chi^2 = 0.95$ ; DF = 2; not significant

TABLE II—Results of asking patients whether they got better after treatment and no treatment

	Treated	Untreated
Patients who got better	55	61
Patients who did not get better and had further treatment	30	29
Patients who did not get better and had no further treatment	15	10
Total	100	100

$\chi^2$  square = 1.33; DF = 2; not significant

TABLE III—Age range in diagnosed, undiagnosed treated, and undiagnosed untreated patients

	Age (years)			
	0-14	15-44	45-64	65-
Diagnosed	27	42	24	7
Undiagnosed treated	22	46	21	11
Undiagnosed untreated	29	44	23	4

$\chi^2 = 4.75$ ; DF = 6; not significant

## Discussion

The doctor himself is a powerful therapeutic agent. In ancient times he was almost the only effective treatment and more recently Balint has described him as the most frequently used drug in general practice.<sup>11</sup>

The results of this study support the belief that the patient who is made better with no treatment will also be made better with treatment. The danger is that the doctor may ascribe recovery to his treatment and go on to see this as confirmation of his diagnosis. There may thus appear to be a relationship between diagnosis, treatment, and recovery which is not true. In the past this therapeutic illusion has been responsible for many mistaken diagnoses and much useless medication, and is probably responsible for a lot of unnecessary treatment today.

My inquiry has shown that in this practice two out of five patients coming for treatment do at least as well when they are told that they have no sign of disease and require no treatment as when they are given a disease label and conventional treatment. Giving a diagnosis and treatment where neither is indicated may encourage invalidism, and in whatever way patients are treated a model is made for their future behaviour in similar circumstances.

At the start of this investigation I was concerned about the

reaction of patients to no treatment. These fears proved groundless. No one outwardly objected; a few patients expressed surprise; and most seemed to accept that if no disease had been found it was reasonable to give no treatment. Three mothers express satisfaction that their child was not going to receive another antibiotic. I also thought that no treatment would be more effective in those patients who had chosen to see me often in the past, or who had had a long stay in the practice; and that patients having received no treatment at one consultation would choose to see another doctor at the next consultation. Both these assumptions were proved wrong.

It would seem that patients tolerate no treatment better than doctors think they will. Surveys<sup>12-14</sup> have shown that 43-52% of patients expect to be given a prescription at a consultation, whereas most doctors think that the figures would be 80% or more.<sup>15</sup>

Modern general practice suffers from an unjustified enthusiasm for treatment on the part of both patients and doctors—which results in crowded surgeries, too little time for the ill patient, a large and ever-growing drug bill, increasing iatrogenic disease, and the proliferation of illness. Is it not strange that this enthusiasm for treatment in general practice is not matched by a corresponding interest in its outcome? Most patients get better and the therapeutic illusion tends to make doctors believe that their own particular method of treatment is responsible. Only when the results of different methods are compared with one another and with no treatment, will a scientific assessment of the consultation be possible.

The results of this inquiry suggests that a solution to the problem may be a change in the attitudes of the doctor to diagnosis and treatment, a change entailing recognising the undiagnosed patient and recognising no treatment as effective treatment.

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ONE HUNDRED YEARS AGO In Bristol, following the example of the Metropolitan authorities, numerous prosecutions of publicans have taken place lately for adulterating gin. In cases where the gin was reduced by 35 and 38 per cent of water respectively, the cases were dismissed, it being shown that that was the normal condition of the gin sold in Bristol; but a fine of five shillings and costs was inflicted on a publican whose gin was 46 under proof and contained a pungent vegetable substance resembling pepper. At Wells, in Somersetshire, a local innkeeper was last week fined £5 and costs for refusing to sell a pint of gin from a quantity he had on sale at his bar. (*British Medical Journal*, 1878.)