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HYGIENE IN THE HOUSE

To what extent may the doctor be a nagger? The family practitioner in particular is often in the position to give advice and to criticize certain aspects of household hygiene and it is not always easy to know just how far his authority may be stretched before he oversteps the bounds of not only medical ethics, but also plain good manners. Where purely medical problems are involved, such as arrangements for quarantine or directives in connection with diet or medication, his duties are clear-cut and never present any difficulties. In fact, in these cases he would be seriously neglecting his duty if he did not spend sufficient time in order to ensure that his instructions are clearly understood, and the family will be equally aware of the need to accept his expert advice and guidance.

It is where less definitely medical matters are involved that it is sometimes a little difficult to decide just how far the interference may go. In the case of old and trusted patients there will seldom be any problem, and if the patients happen to be personal friends, the matter is even less complicated, but nowadays many patients seen by general practitioners in their homes are either new, or, due to special circumstances, the doctor finds it awkward to establish the intimate contact necessary for advice of a more personal or general nature. The locum tenens, for instance, does not have the rapport with his patients that the principal in the practice would have and often the semi-migratory labour engendered by industry also causes a lack of close understanding between the doctor and his patients. Particularly people belonging to a benefit society or any such form of prepaid medical care, or patients using the services of district surgeons frequently form a less close-knit practice community.

Unfortunately it is so very often exactly these patients who are in need of special guidance as far as household hygiene is concerned, for they are more often than not the lesser paid and less-developed part of the community and will therefore tend to neglect certain safety and hygienic precautions which to the average householders are virtually second nature.

May or should the doctor point out the hazards of a loose flap of linoleum on the flooring, specially if there are old people in the house, or may he remark on the dangerous habit of leaving pots of boiling water on the stove with the handles projecting for youngsters to grab? There are many examples like these and some are of a far more personal nature. What about the mother who calls the doctor for her baby and then helps him during the examination with hands which are not clean or fingernails that are neglected? May he remark on such evidence of a lack of personal hygiene? One must bear in mind that people who are willing to live in such squalor are frequently the most sensitive about personal remarks which may reflect on their poverty and create the impression that the doctor is being 'uppity'.

There is no difficulty involved in telling even the most sensitive mother that she should give attention to her child's runny nose, but is it equally easy and safe to remark on the fact that it also needs a bath or that the crockery for the evening meal, set out on the table, could do with a good scrub? These are probably easy matters for the social-workers who are specially trained to deal with such situations, but the average general practitioner, however experienced he is, is not always in the same position as the social-worker. In the first place, by the time the social-worker reaches a particular family, there is already an admitted social problem—admitted by family and social-worker alike-and any interference in the purely household matters will not so easily be resented. The doctor, on the other hand, is frequently called by a father who, by the very act of summoning a doctor, is trying to prove to himself, his family and the neighbours that he is a reliable man who takes the welfare of his dependants to heart. Any criticism under such circumstances may well be disastrous.

The image of the old and beloved family physician is a pleasant and romantic one, and that there are many such who still practise with that unhurried elegance and humanity cannot be denied, but, alas, we cannot all have the perfect temperament, and even leaving out of consideration the practice circumstances mentioned above, there are a large number of very good practising doctors who simply do not have the personality required to pry into peoples' private affairs with impunity.

Even when the well-meant and good advice of the family doctor is apparently accepted and acted upon, there often remains a deep resentment which may be one of the reasons why patients sometimes quite inexplicably decide to seek their medical attention elsewhere. The extrovert who will barge into a house and offer advice and admonition left, right and centre may get away with it in a certain number of cases, and when his attitude is accepted it is often remarked upon by the patients with pride and admiration, but a good percentage of his patients will be less than happy with such bombastic high-handedness. To have the reputation of a plain speaker who calls a spade a spade and who hands it out straight from the shoulder may go down well in certain circles, but only too often such admiration is not made of durable material and at the first setback there will be unpleasantness and trouble.

Every doctor has to decide on his own attitude, and in doing so every contingency must be taken into account; the social and mental milieu of his patients; the importance of the matters he wants to comment on; the likelihood of success and, above all, his own temperament and ability to approach the problem in the correct way. There is no point in risking the termination of a position of respect and trust if the admonition is in any case unlikely to make the slightest difference and the mere satisfaction of being able to say that the patients were warned but did not heed the advice is not enough, if offset against the damage it does to the carefully fostered doctor-patient relationship.