世界全科医学工作研究

John Murtagh, Hui Yang

【关键词】连续性服务；全科医学

【文献标识码】B doi: 10.3969/j.issn.1007-9572.2014.07.003


回想当年，我刚刚开始给病人看病的时候，就知道一位叫梅维斯的病人。当年她 60 岁，是一位农民的妻子。她当时找我看病的原因是跟关节扭伤。她说自己踩在了别人吃过的口香糖上，结果扭了一下，受了点轻伤。当时检查时发现，她的踝关节很轻微，但小腿肌肉组织 1 度无力，跟关节反射减低。我认为这是 SI 小关节病导致的。后来她的疼痛和踝关节有所改善。

时间过得很快，转眼就是 6 个月前发生的事情了。梅维斯的 30 岁儿子罗伯特找我看病，主诉他从客货车后车座后面躺下来后，出现踝关节疼痛。看起来他是一种很普通的受伤，但他出现了腓骨下端骨折，检查还发现他的小腿肌肉无力。我观察到他的踝关节部分和他妈妈的踝关节一样细弱。难道他们母子的情况是有关联的吗？是不是我忽略了遗传性的疾病？我坐在椅子上，看着他的两条腿。突然，我明白了！我看到了一双“侧侧的香槟酒瓶底样的腿”。我以前在书上读到过这种生动的比喻，可是从来没有见过。这下我清楚了，他的病的确与他妈妈的病有关系的。

这种病的诊断是腓肌萎缩（peroneal muscular atrophy），也称为夏－马－图三氏综合征（Charcot－Marie

作者简介：3168 澳大利亚维多利亚州，澳大利亚 Monash 大学

注：文后附英文来稿原文
World General Practice/Family Medicine

Case Studies of John Murnagh (51)

——The Privilege of Continuing Care in General Practice

John Murnagh, Hui Yang

【Key words】Continuing care; General practice

Soon after commencing practice I became acquainted with Maria J, a 60 year old farmer’s wife, when she presented with a sprained ankle. She described a very minor injury as her foot twisted after stepping on a gum nut. I noted her very slim ankles and she commented that they were the envy of many women. A few years later she presented with back pain and mild sciatica. On examination of the left leg there was grade 1 weakness of the distal leg musculature with a reduced ankle reflex. I attributed this to a S1 radiculopathy. Her pain and ankle improved.

Fast forward to six months when her 30 year son Robert presented with a painful ankle after jumping off the back of his utility. A rather innocuous injury but he had a fractured lower fibula and muss-
ele weakness of his leg was also noted. I then observed the same slender lower leg shape as his mother. Was there a connection and was I missing a hereditary disorder? I sat on the chair looking at his legs and then the penny dropped. I was observing 'inverted champagne bottle' legs – a tantalizing sign that I’d read about but never seen before. Here was a connection with mother.

The diagnosis was peroneal muscular atrophy also known as Charcot–Marie–Tooth syndrome. Peripheral neuropathy is part of the syndrome so Mavis’s neurological symptoms may not have been caused by her back dysfunction. Rare, but that’s the fascination of general practice. You never know what challenge the next patient brings and we will now have to be alert to the condition in Robert’s children and all other family connections.

This clinical story highlights some of the unique and wonderful hallmarks of general practice – continuing care (the C word), family care and personal care. Monitoring familial genetic disorders is a special dimension of continuing and family care. The J family was a very interesting one – Mavis the feisty matriarch confronted us once refusing to pay the bill because her back pain had not responded well to my management plan.

Another of my memorable patients was 45 year old Ned – a muck and mild chicken farmer who was famous for his show winning roosters and well managed farm. He presented one day with a dislocated thumb after a rather clumsy fall. I thought that he did not look well. He was overweight and had a red puffy face and blood shot eyes. I examined him and found that he had a moderately enlarged liver and a blood pressure of 155/95 mm Hg. I suspected that he might be a heavy consumer of alcohol but when asked he flatly denied drinking. "Just a few beers with the boys occasionally Doc" I asked him to come back for review and he came 4 months later. He confided that he had not been feeling well with bouts of indigestion and erectile dysfunction. His blood pressure was now 165/100 mm Hg. I then talked about lifestyle, exercise, good diet and no alcohol. He still denied drinking. Before his next review he was brought in by his family because he was having a panic attack and said that ‘he was suffering from shock’. The amusing story emerged that he had been drinking secretly from his massive cache of beer in his large tin shed when an electrical storm blew in. Lighting struck the huge pine tree outside – split it down the middle and pine cones rained down on the roof. The frightening noise made him believe that it was his mother in heaven admonishing him for drinking alcohol and lying about it. Yes he was an alcoholic and the evidence was there in his increasing blood pressure. I performed liver function tests which confirmed the effects of alcohol. In fact I could plot the alcohol consumption of my regular patients over time by their blood pressure and liver status.

The essence of general practice is continuing care. The doctor – patient relationship is unique in general practice in the sense that it covers a span in time that is not restricted to a specific major illness. The continuing relationship involving many separate episodes of illness provides an opportunity for the doctor to develop considerable knowledge and understanding of the patient, the family and its stresses, and the patient’s work and recreational environment.

Obviously rural general practitioners and others caring for their patients in hospital are in a privileged position to enhance continuing care[11]. Other practical strategies that promote this care are optimal record systems including personal health records, the patient register, patient education material and recall lists. These communication factors have been boosted by improved computerisation of records but the most important of all is good communication skills including sharp observation, curiosity and kindness.

Reference

(本文编写：同行审)