TRAILING COAT-TAILS *KLIP-IN-DIE-BOS*

The Lonely Doctor Syndrome

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> 'I'm a lone lorn creetur', were Mrs Gummidge's words . . . and everythink goes contrairy with me.'
>
> (Charles Dickens)

We doctors share a gregarious profession. We train in groups, teach by firms, operate in teams, congregate in symposia, practise in partnerships, and value our congresses for their function of mutual support. There is no large city which does not have its Lister Buildings and Pasteur Mansions where, close as in a beehive, the doctors swarm.

So, for those who by choice, persuasion of spirit, or force of circumstances, are found at work on the edges of our profession, we should spare a moment's thought. Often these are colleagues working where, our atrophied consciences tell us, we should ourselves be working. They are the doctors who look after remote farming communities, isolated groups of workers, poor people and the dispossessed. The circumstances of their work may be unsatisfactory, with little beauty or reward to encourage them.

Some of these who live isolated medical lives suffer as a direct result of their isolation.

This is not inevitably so; nor, if suffering does occur, can it be said to be the doctor's fault. The effects of isolation have the qualities of a progressive malady of observable cause and with recognisable symptoms, sufficiently constant to be assembled into a syndrome: the Lonely Doctor Syndrome.

Lack of medical companionship is the central cause. This is felt in lack of stimulation, support and recognition. Without the stimulus of other minds it is hard to make the gifted jump into correct diagnosis; hard to learn new facts, master new skills or modify old attitudes to suit altered conditions. It is a heavy burden to carry fear all alone; and alone to bear doubt and the possibility of being wrong.

The features of the syndrome are:

Blunting of the logic of diagnosis. A diagnosis commits us to an opinion and presents our understanding to the scrutiny of others. By ourselves we seldom bring ourselves to tie up all the facts into any presentable bundle.

Decay in record-keeping. Who, for long, writes notes for his own use? Many medical notes in great hospitals are written with a bright eye cocked at the approval of colleagues.

Therapeutic nihilism. Treatments difficult to carry out are too formidable for action. Sophisticated therapeutics are seen as impracticable, newfangled or, ultimately, unnecessary. That which cannot be done easily becomes impossible to do at all.

Reluctance to refer cases. This is compounded of shyness—no one likes to reveal to others his possible ignorance; and of fear—may not referral convey to the patient an idea of the doctor's incapacity? Characteristic of this reluctance is the non-committal referral: 'Abdominal pain. Please treat.'

Declining output. It becomes harder to get down to work, and duller, too. Gone are the excitements of teaching-hospital practice. The patients come to look less ill, less interesting, more neurotic.

This syndrome is to be distinguished from mere slipping, which is not dependent on isolation, and is probably, in some degree at least, universal. Each of the features of the Lonely Doctor Syndrome arises from lack of companionship. The lonely doctor may pass so slowly, so painlessly into his problem, that he may not recognise that he has a problem. He may not know, from the wastes of his isolation, the need in which he stands. Nor will he at once see that the refresher course that he does not attend, or the visiting specialist's lecture he does not hear, might be to him, salvation.

The price which the lonely doctor pays for his isolation is one which we—who are within the cosy fold of private or hospital practice—should not permit him to pay. His colleagues must support him by their interest, their help and hospitality. They must remember that their approach and their help must be instant, and given with tact and affection, lest their kindness meets with rejection. Only wise men can answer a cry that has never been uttered.