

Example of GPs script:

Patient contribution

Thank you very much, take yourself a seat. Stiff? (Responding to cue of gait.)

Crikey, you're putting up with a lot. (Acknowledging the emotional context.)

Blimey. Who've you seen about all of this beforehand?

If I take my magic wand and I solve one issue for you today, what would it be? (The doctor does not specially ensure that the patient gets all possible agenda items out at the start of the consultation. Rather he offers to help with one priority issue.)

ICE

What do they think – or what do you think is the underlying problem here?

With coming here today, so it sounds like pain is the main issue?

How much of that is emotional, do you think?

Did you have any particular thoughts about what you were hoping I would help you with today?

If I take my magic wand and I solve one issue for you today, what would it be?

PSO

Okay, is it just the two of you in the house?

Parent's nearby?

So, you've had adaptations made to the house because of this?

And that shower's in the pipeline for you, so to speak, is it?

Where's that coming from?

So it's a council house that you're in at the moment, isn't it?

Okay. So, you're having trouble doing lots of activities in daily living.

So you can't get in and out of the bath... is there anything else that you can't do?

Can I check, you're not a drinker?

Smoking?

Red flags

How much of that is emotional, do you think?

Safe enough?

Substances?

Focussed history

But we've got you on some substances, haven't we?

Are they any good for you?

Do they make you more likely to fall?

I was going to suggest that you don't take them during the day, because they may make you more likely to fall.

What about these fellas, are you not using these anymore, the amitriptyline?

Did they make any difference with your sleep?

Okay, so we'll come back to those if that's okay?

But they helped you with...?

But your mood's an issue at the moment, isn't it?

Frustration, isn't it?

Frustration, okay, good. Just give me a happiness score out of 10 – so, ten's perfect, nought's so bad that you definitely would harm yourself.

Yeah, so things are okay?

But things are difficult at times?

And what damage was caused by the car crash?

Did you break anything? Any fractures?

So in your right-side hip and lower back, ever since then?

And you've had an MRI and it showed some wear and tear, changes?

When was that done?

Going to need to look back at your records to find that, if that's okay.

Do you get fibromyalgia?

No. You don't get pain anywhere else in your body, apart from in that side and lower back?

Just the right side. None on the left-hand side?

Focussed examination

No physical examination is explicitly expected by the patient and in this complex consultation examination is unlikely to help today.

Identify problem and explain diagnosis

Sounds like I'm going to need to do a little bit of homework about this, Ester, there's an awful lot going on. Thank you for sharing all of this, it sounds really difficult for you. It sounds like, from the support that you've had and the investigations that you had, that the most likely explanation for this is that you've got a problem which is largely functional. So, what's happened is you've had a genuine cause for having severe pain in your hip and your back, but you're now very sensitive to pain.

And your brain and your brain and your body has reprogrammed yourself software-wise, and wiring-wise, to actually make you feel that you're going to fall. So, you're getting pains and you fall as a reflex for it, and it's not your fault that it's happening, but we need to try and reprogram you, okay?

So, almost certainly, you've got what we would call a functional illness. So, what I'd like to do today - so, I'm going to do my homework, I'm going to give you some homework to do to understand a little bit more about this side of things. I'm going to give you an article that I've written about functional illnesses, we're going to try to figure out, between us, where you want to go in terms of trying to improve the symptoms that you've got, and your mobility and your safety, to allow you to do the things that you want to and need to be able to do as a mother as well.

Does the word 'functional illness' mean anything to you?

Check understanding

Does that sound reasonable?

Do the words 'functional illness' mean anything to you?

Develops management plan / shares management plan

Because your mood's been an issue, we could think about adding in amitriptyline on a night, and that might give you an additional benefit for the re-wiring issue.

For the reprogramming issue that you've got with the functional illness, so it may actually help you with your sleep as well. Is sleep a problem?

So, because you've used it before, why don't we restart that, but ask you to slowly increase it as time goes by?

Okay. So, this is to try and improve the pain and also to help you with your sleep, and we'll slowly increase it depending on what you're tolerating, but we're aiming to leave the pain.

No, I wouldn't recommend any additional pain killers on top of what you've already got.

Usually they're not particularly helpful, to be fair.

Keep active – that's a really helpful, positive thing for you. You're not doing any harm, and even when you get that sudden urge to fall, don't fall, hold onto something.

Great, lean on something, if you need to go to ground, make sure you don't harm yourself when you're going down.

But, it's just a reflex, and what you need to do is to hold the part that's sore and brace yourself and stop yourself from falling – that's important, okay. So, I'm going to give you some information, I'm going to give you some more amitriptyline today. That's the only additional painkiller I'm giving you at the moment; does that sound reasonable?

Good, and I don't think you need any additional test, but I'd like to just see what the investigations show, because I think that that could inform me sharing with you what you should be doing in the future. Yeah, I don't think we need to do any additional scans or anything. So that's the amitriptyline, if you're not using at the moment then slowly increase it and see how you get on with it. If you're dry in the mouth, stop it; if you're drowsy in the mornings, reduce the dose.

So, just start on one tonight, and then every two or three nights, you might want to increase it by a further tablet. That might well give you substantial help with your tolerance to pain. Your tolerance to pain is the problem here – you've got a low tolerance for pain, and we need to improve your pain tolerance and for you to understand that you're not doing any harm by keeping active.

And if we can help you back towards even voluntary work, that would be a big step towards you getting back towards some sort of gainful employment, where you feel you've got the confidence to do something.

Brilliant. Definitely a really positive thing to do – there are some other exercises that might be really helpful for you under the circumstances, but I think we really need to revisit this once you've had a chance to do some homework. One of the things I'd like you to think about in the future is tai-chi, because that can be really, can really improve your symptoms.

Well, there's a bit of wear-and-tear in your back, because of, obviously, the injury, but I think at the moment what you have is a low pain threshold and an increased sensitivity to the signals that you're getting from your body, and we need to just bring them down a bit. Because you're too sensitive to them, and it's not necessarily tablets that are going to be the full answer, but they may be part of the answer, and the amitriptyline might help you in that respect. There's your homework.

Safety net and follow up

And why don't we see each other again within the month?

Would that be okay?

That's a good idea, and just as a priority booking you can use one of these. So, a week before you need the appointment, book in to see me.

Great. So, I'll do my homework before I see you next time, and I'll look forward to meeting you again within the month.

A positive note is shared by both the doctor and patient at the end of the consultation. The doctor chooses not to highlight possible negative outcomes.