

## Listen to the patient

Ever since the celebrated “two cultures” concept came to be discussed we have heard arguments over the merits or otherwise of an education system that presses us to study either science or the humanities. Once we accept the necessity of a limited and polarised curriculum we are in bad trouble. It is not by chance that, in the old scheme of society, the learned professions were taken to be the church, the law and medicine, and to some extent these three overlapped in their search for truth.

During recent decades medical and health professions have based their work more and more upon scientific evidence, that is, evidence that can be backed by direct observation and experimentation. Legal practice differs materially from health-related practice in basing itself upon rules devised by humans endeavouring to manage a stable society, not upon the relentless laws of nature. The first category of law varies from place to place and time to time, and cannot be absolute. The second, natural law, is beyond our power to influence: if we walk over the edge of a cliff, gravity will determine the outcome, whatever our wishes in the matter. Thus, objectivity is the rule for nature, subjectivity for law and order.

In practising a profession concerned with health care, we necessarily insist on a grounding of science subjects such as chemistry, physics and biology. When choosing to act or advise on some aspect of our work, however, we should beware of stressing the objectivity of our decision to the detriment of its subjectivity. One frequent criticism of modern medical practice is that it has become arrogant, overriding any preferences, fears or wishes of the patient in favour of the rule book insistence of the doctor or institution involved.

If we are to avoid arrogance, our daily work, whether as doctors, nurses, pharmacists or other health care professionals, must give more attention to treating those who request our services subjectively, which means paying more attention to what they say or think or ask and less to our scientific expertise. Our relationship with those we claim to serve is vastly improved by a touch of sympathy and empathy, and we can benefit from learning as well as teaching.

## Risk and reason

To live any active kind of existence without occasionally risking life and limb is not possible. Wherever we live, and however we live, hazards are never far from us. This is a situation we have to accept, but a degree of caution does not come amiss. However, in our nanny state today we may well place too much emphasis on risk. It is difficult to judge this risk, since

statistics regarding it are notoriously misleading and inaccurate. At the same time, the current passion for human rights has produced a climate in which recourse to legislation and legal proceedings is increasing our tendency to discard reason in favour of advocacy. If someone has been warned that a certain pattern of behaviour might increase the chance of suffering a disability, and the warning is conveyed by expert professional advice, the onus for taking heed or otherwise surely rests with the advised. In practice, things are not so clear cut.

Unhealthy habits, however clearly recognised by their critics, may go unheeded by some who practise them. For example, there is overriding evidence that smoking tobacco and drinking excess alcohol carry serious health hazards, perhaps not for many years but, in the end, almost inevitably. Overeating, particularly of the wrong kind of foods, will end in bodily disorder of one kind or another. Failure to take adequate exercise may carry disaster in the long run. Plenty of statistics exist that establish the risks. Yet most individuals who practise such unhealthy habits seem impervious to warnings.

On the other hand, some hazards tend to be overrated in the face of statistics. People fear for their health if they discover signs or symptoms suggesting disease, and it is often impossible to dismiss their fears. In *The Lancet* for 27 September Mike Fitzpatrick describes the effect of the publicity given to breast cancer from time to time, which drives frightened women to rush to their general practitioner to request investigations that may often be unnecessary. The statistical picture, he points out, does not support some of the figures for incidence given by campaign propagandists, which may be exaggerated. Nevertheless, a precautionary approach remains important and must not be discounted.

In its issue of 27 September the *BMJ* carries several articles in which the issue of communicating risk in the clinical field is discussed. As several writers point out, risk is not something that is approached rationally. It is too subjective for that. In the business of doctor-patient communication, doctors today need to build trust in their judgement and advice when they confront a patient who is worried, as most are. They have to contend with an increasing number of alternative sources of medical information regarding treatments and outlooks to which their patients have ready access. Pharmacists, too, in their interactions with patients who ask their advice, should remember that they need to balance evidence and discount baseless rumours concerning the risks and effectiveness of drugs and treatment in general. And they need to remember that what is obvious to them may mean something less obvious to a patient, particularly when it refers to a risk.

## Strange dye

Purple robes for the ancient Greeks and Romans were a mark of dignity, and were adopted by emperors, kings, magistrates and military commanders. The so-called Tyrian purple, notably produced in the seaport of Tyre from shellfish of the genera *Buccinum* and *Murex* by a process of fermentation, became a symbol of luxury and power. Various combinations of shellfish and processes yielded a range of different hues.



A parallel process employed by the ancient Jews to make a blue dye used to colour garments worn during religious rituals has also been studied, according to a report by John Edmonds submitted to the recent British Association Festival of Science meeting in Salford. Although the dyestuff, which was called *tekbelet*, has long been known to be derived from shellfish, knowledge of how it was manufactured had been lost for some 1,500 years.

A blue pigment present in cockles is isolated from the shellfish and fermented for 10 days at 50C. The green product is soluble in water. Fabrics are soaked in this green solution and allowed to dry in sunlight, whereupon a process of oxidation and debromination takes place and the fabric becomes blue.

It is interesting to note that the old Covenanters of Scotland, who wore blue uniforms to show their distinction from the scarlet-clad royalists, are said to have adopted the idea from the Old Testament Book of Numbers: “Speak unto the children of Israel, and bid them that they make them fringes to the borders of their garments throughout their generations, and that they put upon the fringe of the borders a ribband of blue.” Perhaps this demonstrates the beginnings of the blue *tekbelet*.