

Epiphany

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Epiphany – ‘a moment of sudden and great realisation’

I thought I was a good GP. I was thorough and caring, and always gave my patients all of the likely scenarios for their illnesses – post-herpetic neuralgia, lengthy recovery from illnesses or surgery, warnings re the likelihood of pain after injections or minor procedures. In the current climate this would likely be ‘long COVID’. I was pleased that I had done due diligence, and that my patients were aware of the worst-case scenario for a range of clinical situations.

However, something about this approach always bothered me. I didn’t like to be thought to be lying to patients, glossing over or minimising a possible bad outcome, but I had come to really dislike being the deliverer of bad news. It was like asking patients to sign a surgical consent form. And the reality was that most of my patients did fairly well. But there were some people who seemed to hang on to my negative predictions, patients who did in fact experience lengthy herpetic neuralgia, or slow recovery from back injuries and life stresses.

Mulling on this one day, I was speaking to a mental health nurse who had done some work at my practice. She always had a positive disposition, even when offering support to some patients with severe chronic mental health conditions. She had been able to encourage some to engage in exercise, socialise at café outings and do volunteer work.

I knew she had extensive experience and training in general and mental health nursing, but I was curious as to how she managed to encourage those patients, while remaining realistic, in addition to maintaining a peaceful demeanour.

It turned out that she had undertaken training in clinical hypnosis. Moreover, it was local, multidisciplinary, and conducted on weekends – an appealing arrangement. Obviously, there was a commitment of time and money, but initially I couldn’t see how I could possibly fit this into my professional and personal life.

So I put it off, continued with my conscientious work style, buying into patient expectations, tired, but half satisfied that I was doing my best for them. I was winging my way through the week, relieved at the end of it, half dreading the next week. I was young enough then to cope – or so I thought. I was also managing a family and husband with a full non-medical professional life. But the truth is I was also struggling with a chronic health condition of my own. I had – and continue to have – diarrhoea predominant irritable bowel, or IBS-D. At the time, it was not well managed, and no doubt stress and role strain contributed.

I remember the day clearly – if pressed I could find out the date. I had just finished a lengthy patient consultation, and stepped into the corridor. On that very day, the mental health nurse was at the practice. Our eyes locked. At that moment I knew that I had to do the training in clinical hypnosis, or my style of work would be unsustainable. I breathed in deeply, and as I exhaled, I felt a sense of relief, a progression, and motivation that I hadn't experienced for a long time. I said to the nurse that this was what I decided, and for a moment we both were very quiet.

It would be easy to say that the subsequent process was smooth sailing. There was a lot of organisation to be done. I had to convince family and work that this was a good idea, including justifying the expenditure of a decent sum of money for the course. Having done that, I felt terrified, and questioned whether I would be suited to the course and subsequent work, and how it would fit into my consulting hours. But I also returned frequently to the day of my decision, the feeling so strong, as if struck by lightning. I had not experienced this even when deciding to study medicine, or train as a GP.

The course itself was wonderful, and met and exceeded my expectations. The main benefit I gained was a change in focus of patient communication. I learned the meaning of the word 'nocebo' – how a patient will more intensively experience pain if advised about it. I learned to allay fear of childhood immunisations, relieve symptoms for minor ailments, manage anxiety without medication and create realistic positive expectations for a range of conditions.

Of course, I also learned techniques of hypnosis and now use them for a range of medical and psychological conditions. I adjusted my practice hours to allow this to happen. But the main benefits have been a reduction in the sense of heaviness I've experienced from some patient situations, an improvement in patient communication and an increased sense of having an internal locus of control to my consulting.

A surprising benefit has been a reduction of my symptoms of IBS-D. I can partly attribute this to reduced stress from a different consulting style. The regular meditation I've incorporated into my day also helps. On a personal level, communications with family and friends are also more meaningful.

While I don't advocate that everyone necessarily does a course in clinical hypnosis, the message I would promote is to listen to that inner voice – especially if it's loud!