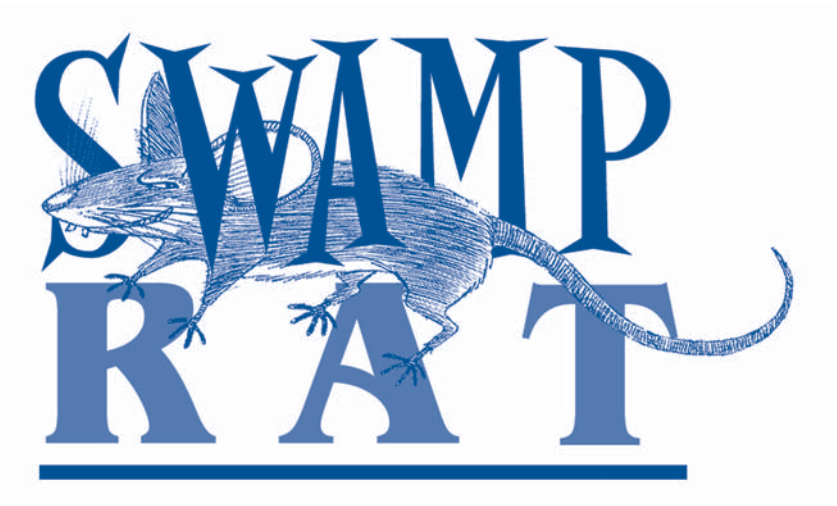

She was a visitor to the practice; a middle-aged, well-presented woman who walked in slowly and deliberately, leaning forward at the hips carrying a sheath of papers in her hand (a sign I have learned to identify as a red flag). She told me that her sacroiliac joints were dislocating and that this had been causing her a lot of strife for the past three months. When I examined her I found that she was stiff in the lower back and was discretely tender over both SI joints. Her hips and lumbar spine seemed OK.

I explained to her that I did not think that her SI joints would be dislocating as I had never heard of this happening and it seemed to me that it would not be possible. I suggested that they might be inflamed, although there was not much else to suggest a reasonably long-standing sacroiliitis. *'Oh,'* she said, *'that might explain it and perhaps the cortisone that I am taking is preventing it getting any worse.'* I raised my eyebrows and that is when the sheath of papers hit the desk.

It appeared that her usual doctor had ordered a whole lot of tests from an Australian laboratory and that these showed that she had a number of metabolic disturbances. As a result she was taking cortisone, DHEA, progesterone, testosterone, oestrogen, thyroxine and a number of other supplements that had been prescribed for her. She said that her adrenals were out of kilter and was adamant that she was taking cortisone and not prednisone.

Now I know that the swampy ground is a heterogeneous environment, but I have a problem when I see patients who are being treated in a way that I am not able to understand. On the one hand I do not want to undermine the relationship that the patient has with their usual GP by implying that I do not think that their care is evidence-based and, on the other, I do not want the patient to think that I have a prejudice regarding complementary care. But I really don't know how to handle this situation.

We talked for a short while and agreed to do some blood tests and to x-ray the sacroiliac joints. There was no abnormality in any of these results (with some hesitation and the BPAC guideline echoing in the back of my mind I requested both an ESR and a CRP!). I didn't give her any additional medication. I hope that she has gone back to see her usual GP. I suspect that all of this has something to do with 'scope of practice' but I am not sure if it is mine that is too narrow or that somebody else's is too broad.

This is a column written from the swamp. The term is taken from the book by Donald Schon[1] where he talks about the crisis of confidence in professional knowledge thus:

In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.