



I've been seeing Mrs J a number of times over the past year or so. She is about 50, slightly overweight, taking a few medications, but basically not in bad shape, I think. She and her husband emigrated to NZ about eight years ago, although he spends much of his time overseas looking after his business interests. He returned about three months ago to stay, probably for an extended period this time. Mrs J had a hysterectomy (for menorrhagia) while he was away, and I had seen her before his return for a full gynae checkup. She was anxious to know it was 'all in working order' so to speak. (It looked fine to me!)

Today she presents with a heavy feeling in her chest. I recognise the story. It is identical to her presentation last year, at which time I did an extensive cardiorespiratory workup, with no pathology to explain her symptoms. I noted she was taking a cholesterol-lowering agent, a statin. She had started it several years earlier, when, with a cholesterol level of 7.0, she did not qualify for funding, but had been anxious enough about cardiac risk to pay for it herself. Her brother, a doctor overseas, had advised her to do this. On medication her cholesterol has consistently been around four.

At that stage, last year, we had discussed her symptoms. Tearfully, she explained how two relatives in their early 40s had died suddenly overseas, and how she was really worried about her heart. I acknowledged her distress, soothed her anx-

eties as much as I could on the basis of our investigations, and tinkered with her antihypertensive medication. The 'heaviness' went away.

Meantime, I approached a friendly local cardiologist to ask if Mrs J could now qualify for statin funding on the basis of 'familial hypercholesterolaemia'. Problem was, her cholesterol was not elevated on medication. He suggested stopping it for three weeks, proving the case, and then applying. I passed this idea to Mrs J but heard nothing back from her.

And so to today. Same symptoms, fully investigated within the past six months. Do I do everything again? I don't think so. I wonder what has precipitated this, but can identify nothing – she is happy to have her husband home, sex life is okay, no recent bereavements...

She asks me about her skin, pointing to a small blemish on her face. I'm not sure what I'm supposed to see. It looks like a 50-year-old chin. She is angry about the treatment received from a local dermatologist whom she has seen privately and unbeknownst to me. He prescribed some 'fade' cream. It cost \$100 and 'it hasn't faded!' And the consultation had been expensive too!

Thinking finances, I mention the lipids again. Would she like to apply for funding since it is quite an expensive prescription? Ah, but her brother, you see, had told her never to stop taking the tablets so she can't. Catch 22! She tells me that in America

This is a column written from the swamp. The term is taken from the book by Donald Schon¹ 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.

and in her home country one wouldn't have to qualify specially for using these drugs. She is not happy.

I shrug my shoulders. This has been a long and frustrating consultation. There is little I can help her with. I write repeat prescriptions for her statin, her antihypertensive, some panadol...

At the door she turns. 'I've been here quite often recently,' she remarks. Knowing that we often don't charge for a quick follow-up visit, she offers, 'Do you think I really need to pay this time?'