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.

I well remember the day I first met Mr Tornado. That had not always been his name – he had changed it to something 'more suited to his personality'. He was a bachelor, about 70 years old, living in a nearby council flat. I looked disdainfully at the long list of medication he brought with him for 'repeats'. Obviously my colleague had been less vigilant than I would be in avoiding polypharmacy in the elderly. With some reservations from Mr T. I stopped the drugs, one by one, until only a few remained. Unfortunately, shortly afterwards, Mr T. landed up in hospital with 'chest pain', and was discharged with most of the original medicines reinstated. Damn!

Over the next few months, the practice staff became very familiar with Mr T.'s gruff, angry voice on the phone. *'I'm in agony. Send the doctor immediately!'*, *'I've used up all my nitrolingual spray. I need a repeat faxed to the chemist'*, *'I can't come to the surgery. I can't see!'* (or *'can't walk'* or *'can't afford the taxi'*). I raced over once (*'I can't get off the toilet and I'm all pale and sweaty'*) – to find a perfectly well man with constipation for several days. After a while, I refused to visit. If he wouldn't come to me, I wouldn't go to him!

Things became more bizarre. Mr T. went by ambulance to hospital, with chest pain, only to walk out with luer still in situ, having refused investigation. He 'couldn't see a thing', although mysteriously he could use his computer. His blood glucose went sky high, despite escalating medication, but he was eating seven times a day! Once, he called the police because he thought he had intruders. This made him so worried that he developed 'chest pain' and called an ambulance. While they were there, he thought he could smell gas, so the fire brigade turned up as well, despite there being no gas connection to the flat.

We introduced social services. The district nurse went once, but complained of 'sexual inappropriateness'. Mr T. didn't like 'meals on wheels'. The eldercare visitor sorted out the banking after Mr T. had accused the bank of withdrawing his money in secret. The pharmacy blister-packed and delivered his medication weekly to avoid accusations of 'changing the drugs'. The supermarket delivered the groceries so the neighbour didn't 'rip him off'.

More phone calls. The Health and Disability Commissioner, the Office of the Prime Minister, the Ministry of Health... checking to ensure that Mr T. was being looked after appropriately. He threatened to take me to the Medical Council for stopping his Stemitil, which he needed for 'nerves'!

One day there was a call from the police. I gulped. Was he dead? Perhaps I should have made that last home visit. Visions of the Medical Disciplinary committee loomed.

Fortunately not! Apparently, Mr T. had been phoning the police frequently with stories of burglary and intruders. The police were feeling nervous. They were fed up with wasting their time, but were frightened to not respond. I laughed. *'Join the club,'* I said. *'You, me, and now the ambulance has taken away his medical alarm for the same reason!'*

At this stage I sought a psychogeriatric opinion, explaining that I felt professionally unsafe trying to provide care for Mr T. without going mad myself! Unfortunately, Mr. T. was found to be 'eccentric, not demented', and life continued on in much the same way.

I hope Mr T. will find another GP who can sympathise with the atrocious treatment he received at my hands!

Contributions

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