Detached doctors, distressed patients

I have been interested in reports of recent changes in the training programs for doctors, particularly in the area of improving communication skills. A recent experience indicated to me that it is not only communication about the patient's medical condition that needs to be assessed, but also communication on a personal level.

Three months after surgery and about 3 days after my final check-up I became obsessed with the surgeon who had performed the operation. The 5 or 6 weeks that followed were the most frightening of my life: this man completely occupied my mind. I initially thought that I was infatuated but then realized that there was not even a glimmer of eroticism in my mental encounters with the man. Fortunately, I was able to discuss this situation with others and came to consider my experience as post-traumatic stress syndrome, even though I had some doubts about that diagnosis.

As the obsession faded I was able to examine what had happened. In my mind I was continually trying to talk to the surgeon, not about medical matters but just simple conversation — I wanted to establish a personal relationship that had never existed. The surgeon had treated me with impersonal professionalism: he had explained the procedure, the risks and the after-effects. I wouldn't dream of questioning his technical expertise, but I have never before been in a situation in which I was treated as a "case" or an "object," not a person. I assume that my obsessive attempt to communicate with him on a personal level was some sort of rejection of the way I had been, or rather had not been, treated.

I realize that patients often attach themselves to doctors in a dependent way, but I have also spoken with a number of other patients with experiences similar to mine. And I have read the chapter "The patient examines the doctor" in Anatole Broyard's book *Intoxicated by My Illness*, where he too talks of wanting a relationship with his doctor. So I know that my feelings are not unique. It is not that we are attached to these doctors who treat our medical problems, but rather that we must come to grips in some way with the sense that we are not persons to them. This attitude, I suggest, is beneficial neither to patients' mental health nor to doctors themselves, for they may carry this same detachment into their personal lives.

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Which Korotkoff sound?

The work presented in the "Report of the Canadian Hypertension Society Consensus Conference: 1. Definitions, evaluation and classification of hypertensive disorders in pregnancy" (*Can Med Assoc J* 1997; 157[6]:715-25) is commendable. The recommendations are evidence driven, clear and clinically relevant.

I believe, however, that the recommendation to use the fourth Korotkoff sound to mark the diastolic blood pressure and "for instituting clinical investigation and management" is unfounded. Phase IV of the Korotkoff sounds is not reproducible among clinicians, whereas phase V is.[1] Furthermore, current clinical trials of hypertension during pregnancy have adopted the the fifth Korotkoff sound in defining outcomes and guiding therapy,[2] which raises the issue of external validity if Canadians define hypertension during pregnancy according to different criteria.

The recommendation to measure both the fourth and fifth sounds is confusing for the average physician, nurse or midwife, especially if they are encouraged to act upon only the fourth sound.

We should agree to standardize blood pressure measurement — during pregnancy and otherwise — by having the rested patient sit upright, supporting her arm, applying the correct size cuff and relying on the first and fifth Korotkoff sounds to denote the systolic and diastolic pressures respectively.

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2. Levine RJ, Hauth JC, Curet LB, Sibai BM, Catalano PM, Morris CD, et al. Trial of calcium to prevent preeclampsia. *N Engl J Med* 1997;337:69-76.

[One of the authors responds:]

Dr. Ray has touched on one of the more controversial issues in our report: Which of the 2 Korotkoff sounds, phase IV or phase V, should be used to define diastole in pregnancy?

During our consensus deliberations, we looked for publications that correlated the Korotkoff sounds to a gold standard of arterial intravascular diastolic pressure measurements. Unfortunately, our search yielded conflicting results,[1–4] some data showing that the Korotkoff phase IV sound