

Let's leave the shorts on, shall we?

Michelle Greiver

For many patients the “regular checkup” is a pleasant event, a chance to be assured that everything is going well despite the fast food and cigarettes. At least their high cholesterol is no worse than last year's, and this time the doctor only mentioned twice that they should lose some weight. But these annual checkups can also be an event for the doctors who provide them.

Case in point: my patients often arrive with offerings, usually a urine sample in a container that once served some useful purpose and was then saved for just such an occasion as this. Some female patients amaze me. How did they get the sample into a small drug bottle with an equally small opening?

As I ponder this, I also begin wondering what I'm supposed to be testing for. Perhaps I should screen for drug compliance, since the medication bottle is obviously empty and fit for other uses?

And in this corner ...

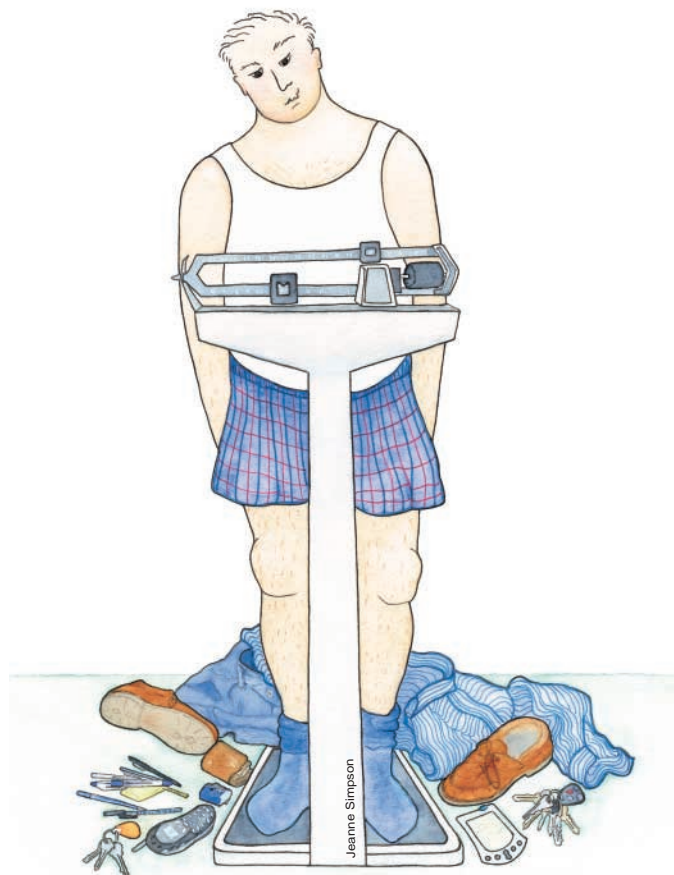
The initial stage of the process is the mandatory weigh-in. Of course, we first do an excisional biopsy of people's pockets. The last patient I saw was carrying a PDA, cell phone, pager, wallet, 7 pens, a pad of small Post-it notes and 34 keys that weighed in at a total of 975 g — the size of a small roast — on my baby scale. Women are much easier to weigh because they carry all their peripherals in one easily removable handbag.

No, my foot is not on the scale

My secretary says I should install a camera on my scale to catch patients' expressions. These have ranged from the closed eye — “I really don't need to know this” — to the really sour lemon pucker. I've discovered that an “ideal” body weight does not exist, because no one is ever satisfied with the number that appears. These checkups have also taught me a good rule of thumb for excess waist circumference. My arm span is about 100 cm, and if I cannot reach around the patient's waist to grab the tape measure, he gets switched to light beer.

Rectum? Damn near killed 'em!

Things get much worse once we reach the exam room, with the talk turning to rectal exams for prostate screening, stool occult screening and the pros and cons of colonoscopy. We



also discuss diet, exercise, smoking and the other 20-odd preventive interventions that are currently recommended. To manage this in half an hour, I've started talking so fast some patients think I'm inhaling helium.

Since virtually none of the things we do during the physical exam, such as listening to the heart or lungs, seem to influence current patterns of practice much, I've started wondering why I bother asking patients to undress. Wouldn't it be so much better to have a nice chat instead, and be done with it?

You're good for another 20 000

Finally, after a small ceremonial blood donation, the checkup is complete: body fluids have been examined, the patient certified for another 20 000 kilocalories. The doctor is happy with her work, the patient is happy with the process. And we agree to do exactly the same thing at the same time, next year.

Dr. Greiver practises family medicine in Toronto, Ont.