

Letter from . . . Chicago

Pigs in medicine

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The recent suggestion that pigs should be licensed to practise medicine was received with the contempt it deserved. Nobody in the doctors' union was amused. Even the animal rights groups protested, saying that doctoring was too stressful and it would be tantamount to pig abuse. Yet the idea had arisen innocently enough from the fertile mind of an economist who had predicted that by 1986 the world would have run out of energy and succumbed to hyperinflation. Flushed with success, he turned his mind to breeding medical pigs, with the dual object of helping farmers and increasing the number of doctors who listen to their patients.

He had been interested to hear that a professor of sociology had made videotapes of family doctors interviewing patients and had found that many patients could not get a word in edgewise. Male doctors were more likely to interrupt patients, often to exercise control, while with women it was the patient who interrupted most. Pigs, thought the economist, would narrow this harmful communication gap. Instead of assaulting their patients with a barrage of questions ("If you ask questions you will get answers but precious little else") they would just lean back (in the mud), stretch out (in a puddle), periodically grunt (which they do well), and listen (which medical residents often do poorly).

There are, of course, many articles and reports about students and residents not listening to patients, going back at least to the 1950s. At that time Stewart Wolf noted that "students were inclined to consider the history as a technique capable of being standardised rather than as an instrument requiring manipulation and effective only in proportion to the skill of the operator."¹ Students asked too many questions, he thought, did too much talking themselves, and were too preoccupied with symptom analysis. This misguided approach, it is fair to say, was often fostered by an introductory course called "physical diagnosis," in which students were required to ask 503 questions listed in a little red book. This exercise was to help the student who might otherwise forget to ask about breast feeding, squatting, or travel to the tropics in a 75 year old man with emphysema and congestive heart failure. Somewhere in that book there was, or should have been, a paragraph saying that doctors, like pigs, should listen, merely grunt, and let the patient tell his story. But this was lost in the morass of questions required to complete the systems review and symptoms analysis.

That the lesson was learnt only too well became obvious quite early on if the routine was changed and one of the students on these physical diagnosis courses was asked to take a history before the group. Overcoming his initial embarrassment at having to perform in public (as might also the patient), the student would sally forth with a barrage of questions but get nowhere. Sometimes he would fare quite badly, especially with a less educated patient. If he

asked, "Why did you come here?" the answer would be, "Because I felt sick"; and "What brings you here?" would elicit, "The ambulance." The exasperated student would soon be fiddling with his hands behind his back, itching to end this uncomfortable exercise and move on to the less threatening physical examination.

Pigs are loving and smart

The trouble, of course, was that the student, at least in this respect, should have behaved more like a pig, especially as pigs are becoming recognised as being loving, kind, and affectionate creatures. That is unless they become corrupted by greed, ambition, and the lust for power, like Napoleon, the dictator in *Animal Farm* who thought that some people were more equal than others. Increasingly, in America, people are keeping pigs as pets, some under the aegis of the Short Snout Society, founded in 1984 in South Carolina and devoted to sponsoring the short snout gala, a pig kissing contest, and a swine ball where formal pig costumes must be worn.² Members are admitted after passing a pig attitude test, which requires sympathetic answers to questions about pigs being fun, intelligent, or beautiful. So far few pig farmers have joined the club, but many pillars of the community have. They find pigs cuddly, amusing, and faithful pets, not very smelly, with distinctive personalities, and easy to house train. Some owners have taught their pets to open doorknobs with their snout, to come to heel, and to jump through hoops.

Disappointingly, however, some pigs become enormous. This may detract from their value as pets—or as subjects for research, for that matter. Some years ago a corpulent scientist bought a piglet that grew to 500 lb—to everybody's amusement, because the name shown on the cage was the investigator's. It now turns out that the pig may have been as smart as the scientist. For pigs can be taught to play hide and seek, they enjoy classical music, and they even seem to respond to conversation.³ It should be possible to teach them to use a stethoscope; they may be clever enough to become malpractice lawyers; they should certainly be able to take a history.

In taking a history pigs would avoid the constant interruptions by students eager to analyse a symptom and write it all down. Wolf describes how one student doggedly kept on asking an anxious woman to describe her pains, never giving her a chance to explain that she had been under stress from illness and deaths in the family, and that she attributed her symptoms to having to nurse an infirm relative.¹ In a more recent but similar case a worried patient, bleeding and suffering from lymphoma, became increasingly distraught as an insensitive resident, blissfully unaware of her distress, kept on bombarding her with questions inappropriate to her state.⁴ Perhaps our porcine colleagues, unencumbered by years of organic disease, would always put themselves in their patients' shoes, thus bridging the gulf between the way we think of disease as doctors and the way we experience it as people.⁵ For doctors tend to think of disease as pathophysiological concepts, whereas patients experience illness as pain, discomfort, sense of disorder, a loss of control, a perception of things not being right in the world.⁵

The most suitable specialty

One problem with using pigs as clinicians, however, would be our modern distaste for dirt and preference for a sterile, deodorised environment. If even doctors cannot attend emergencies in farm garb and smelling of fertiliser then four legged practitioners would certainly "evoke jocular dismay, offended professionalism, and outright revulsion in cacophonious combinations."⁶ How are we to persuade Dr Wilbur, the kindly pig, not to talk about mud, excrement, and fertiliser, or to exchange the pleasures of defecating on the ground for the doubtful thrills of a sterile porcelain throne?⁶ Unless perhaps he were to become a paediatrician, for children are drawn instinctively to the earth, revelling in the mud and incidentally acquiring immunity to diseases such as hepatitis and polio. Nor would gastroenterology be a suitable vocation, because many people would rather endure abdominal cramps than use a dirty toilet.⁶ Nor would our modern revulsion against dirt permit health maintenance organisations to add pigs to their staff, competitive as this might be. Robots might be more acceptable, being shiny and washable: already they do simple hospital chores such as cleaning and sweeping. They are being trained to do neurosurgery and will be programmed to obtain histories by asking the right questions, to which they will get answers and nothing else.

Yet pigs, to stay competitive, will also need to learn to ask questions. The experienced ones will take a leaf out of Paul Wood's book and appreciate the value of a leading question such as, "Does the pain tingle?" They will remember another great cardiologist, Samuel Levine, who improved the reliability of questions by asking the opposite of what was expected, such as asking in rheumatoid arthritis whether the stiffness was worse in the evening—which the patient might vigorously deny rather than passively acquiesce to as happens with the usual kind of questioning. They might transcend the bounds of medicine by listening to replays of the old game of twenty questions, in which the experts would start off with

"Animal, vegetable, or mineral?" and reach the correct answer with amazing speed. Or they might learn from the indirect questions of the psychologists, who distinguish introverts from extraverts by asking if they get annoyed when the 'phone rings while they are doing something else.

One problem with using pigs is that it would limit the potential patient population, ruling out not only people repelled by mud but also vegetarians and those of certain religious persuasions. Not that patients would be expected to eat their doctors, though consumers might consume their providers along with the unlimited health care delivered at their door. Yet imagine catching trichinosis from eating your infectologist or cysticercosis from consuming your neurologist. Another problem would be a left handed provider pig, a sinister situation that would call for remodelling the sty or relocating the mud patch. On the positive side, pigs could learn to carry out endoscopic procedures ("porcoscopy"), porcopheresis, pigalysis, porcoperfusion, and other specialised procedures. They would find it natural to prescribe mud baths or apply soothing mudpacks to relieve symptoms. Other forms of counterirritation, however, would be limited to the tusked boar—a prospect too boring even to mention.

References

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(Accepted 12 June 1986)

Medicine and the Media

AROUND A decade ago to be on top of his or her job a national newspaper health correspondent needed to know his way round the highways and byways of the British Medical Association's committees. It was largely doctors' politics that dominated the agenda, with disputes over pay beds, general practitioners' pay, and consultants' and junior doctors' contracts. The group of people that health correspondents hardly needed to know at all were the administrators, treasurers, and health authority chairmen.

While there were always arguments about whether the NHS budget was large enough, few questions were asked about how the money was actually spent once it had been allocated to regions and handed on down the line. Efficiency and value for money were phrases that were almost unheard of in any debate about the NHS. Resource allocation was still little more than a working party's dream.

The extent to which all that has changed was well illustrated by Clive Cookson's recent four part series on the NHS on Radio 4 *Safe in our Hands?* (6, 13, 20, and 27 August). Time and again the people interviewed were general managers, members of the NHS Management Board, civil servants, health economists, and authority chairmen.

It is not that the doctors were not represented. They were. But increasingly in the seven years of the Conservatives' tenure over the health service it is the issue of resources and how best they can be used that has come to dominate the NHS debate. Such has been the effect of cash limits and limited growth. One result is that it has become increasingly difficult for the public to understand, or for

health correspondents to explain, what is actually happening in the NHS.

Within the limits of four 25 minute programmes Clive Cookson did a good job of the explaining and on the way touched on most of the important issues in the service at the moment—from AIDS to iatrogenic disease, from privatisation to the effect of the private sector, and to questions about the strength of the government's commitment to prevention, particularly over discouraging smoking.

But the moments that stood out were those to do with how the service is managed. The complaint of the district general manager that with a budget of £90m his authority had just one qualified accountant, the simple fact that the NHS still has little idea what any individual procedure costs, and the insistence from Ian Mills of the NHS Management Board that doctors must move towards clinical budgeting all showed clearly the way the NHS culture is changing—at least among the managers.

Amid all this the complaint of the surgeon that clinical budgeting was not for him because "my job is to see patients and operate; I am not interested in being an office manager" sounded like a lost voice in the wilderness. The message from Clive Cookson's programmes was that doctors would do well to get in on the act before somebody simply imposes such ideas on them.

But a darker side of the NHS management changes also emerged from Mr Len Peach, the man from IBM, who is personnel director on the management board and at present its acting chairman. His complaint that when the service is under fire its employees far from