LEADING ARTICLE

THE HIDDEN AGENDA

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SINGAPORE MED J 1990; Vol 31: 413 - 414

A MEDICAL CONSULTATION CONCEPT

The hidden agenda may be defined as the unconscious motivations, fears and beliefs that underlie a patient's request for a medical consultation. Unless the doctor is able to fathom these, the patient may only be left with therapy that will treat his most obvious symptoms but not resolve the underlying problems.

Dr Patrick Kee and Dr Wong Wee Nam describe seven examples of such instances in a paper in this Journal to illustrate the relevance of this concept in the general practice consultation[1].

Frontline doctors are more likely to encounter such situations in their daily work simply because they see problems that are often undifferentiated and encounter patients whose main reason for encounter is dis-ease rather than disease. There is a substantial body of literature showing that persons do not visit doctors simply for relief of organic disorders, but also go to the primary care physician because of life stress, psychiatric disorders, social isolation, and informational needs[2, 3].

The hidden agenda is less obvious in specialist practice because the focus of attention in the consultation is on the biophysical aspects of the patient's problems.

SPECIALISTS MAY NEED TO KNOW

With privatisation and a more permissive professional attitude to specialists seeing patients as firstline doctors, it is likely that specialists are more likely to encounter problems of disease than hitherto. There is therefore a case to be made that specialists will benefit their patients from a greater cognisance of the hidden agenda. Otherwise, the patient may be thoroughly investigated and be left even more neurotic than before and poorer as well. He may even part with various parts of his anatomy but not the original symptoms. Many general practitioners have such anecdotes of their specialist colleagues in their dossiers.

REASONS FOR THE HIDDEN AGENDA

Patients presenting with the hidden agenda may have one of the following underlying reasons: (a) anxiety about meaning of pain or other symptoms/signs, (b) problems of living, (c) the need for a sick role.

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ANXIETY ABOUT MEANING OF PAIN OR OTHER SYMPTOMS/SIGNS.

A patient who knows of someone passing away suddenly because of a heart attack may be anxious enough to seek help when he happens to have an ache of the chest muscles which he normally would not have given much thought. Now, patients recognise the medical bias of doctors in favour of definable disease. Thus, the same patient will be unlikely to tell his doctor that he is worried about the link between the muscle ache he is having and possible heart disease, but rather just mention that he has chest pain and leave it to the doctor to read his hidden agenda. In the example in this issue of the Journal, Drs Kee and Wong[1] describe a nurse who presented with epigastric pain as the hidden agenda for a breast lump of uncertain significance.

PROBLEMS OF LIVING

Those who are burdened by problems of living — the depressed, the lonely or the hard-pressed — will report tiredness, lack of energy, sleeplessness, abdominal pain or headache rather than reveal the origin of their difficulties[4].

THE NEED FOR A SICK ROLE

Many who require certification of ill health begin the consultation with a description of symptoms rather than initially demanding a sick certificate.

Then there are some who do not want to get well. The socially inadequate may find his or her "gastric" prevents this same person from having to perform perceived distasteful social obligations. Similarly, the patient who dislikes sexual intercourse for some reason, may excuse herself saying that she has dyspareunia or vaginal discharge.

CUES AND VIGILANCE

The first thing in getting to grips with the hidden agenda is to establish that one is in fact dealing with predominantly a dis-ease and not a disease. Of course, one cannot be absolutely sure, but one can always suspect it and test the hypothesis.

Such a problem may be suspected in a person where there is a discrepancy between the reported symptom and the patient's demeanour. The frequent attender that becomes irritating to the attending doctor because nothing seems to work for him is another cue. Then there is the

patient who presents with symptoms of chronic headache, chronic abdominal pain, dizziness or tiredness. He may even have extensive investigations done and has consulted many doctors.

A request for a check-up should alert the doctor to explore the underlying reason, which may well be a specific fear for which the patient seeks reassurance. If the symptom seems trivial or not "respectable", a request for a check-up may be perceived by the patient as a more legitimate opening gambit; unless the doctor creates the opportunity for the patient to express his specific fears, the check-up usually fails to provide the specific reassurance that is required.

One subset of the hidden agenda is known as "the child as the presenting symptom of the patient"[5]. The child may be the presenting symptom for the parent's anxiety (as has been described by Kee and Wong), or the family's disharmony and crisis at home.

Vigilance to discrepancies, emotional demeanours and life situations enables one to detect the hidden agenda.

THE CONFIRMATION

The hidden agenda can be elicited by a open question ("tell me more about it") or confronted by expressing observed dis-ease like, "you look unhappy" or '" something seems to be your mind". Such an approach allows the patient to admit to anxieties or share his emotions about an underlying problem such as fear of pregnancy, reluctance to go to work, or frustration with life, or most dramatic of all, gives forth an emotional outburst of tears and sometimes anger.

In the hypothesis of reluctance to go to work, an expressed observation of "what you have seems to be out of proportion to what I have found examining you" (diarrhoea of twenty times last night, without any sign of a dry tongue, lethargy or even more confirmatory, a per rectal examination showing hard stoods) may also bring forth a confession of reluctance to work or tears of problems of living.

CAVEATS

Two caveats must be mentioned. One is that one must not be too obsessed with the hidden agenda to the extent of ignoring biomedical aspects of a complaint. To do so will be trying to heal the patient without curing him.

The second caveat is that a patient with an organic problem can have dis-ease also. It is therefore important to seek the patient's views, and expectations even in a seemingly straightforward biomedical problem like a gangrenous leg, an appendicitis or epilepsy. Otherwise one can cure a patient without healing him.

A SAFEGUARD

One consultation safeguard against missing the hidden agenda is to determine routinely, the reason for encounter between the patient and the doctor. Studies by Byrne and Long of audio tapes of medical consultations reported in their book, *Doctors talking to patients*[6], showed that doctors who omitted phase II of the medical consultation (discovering the reason for the patient's attendance) showed the phenomenon of "By the way, doctor" in phase V (terminating the consultation). To quote Byrne and Long (page28): "This may take many forms but the message is still the same. It might be something like "While I am here,doctor' or 'My sister asked me...", but often it turns out to be the real reason for their being there in the first place. The first 1000 consultations were checked for this sort of occurrence and it was found that there were 79 clear cases over which there could be no doubt. Of these 79, 56 occurred during phase V. It is in all senses a parting shot and a cause of considerable doctor frustration." To this, I may add, there is an unknown number where the patient leaves without the doctor even knowing that he has not addressed the hidden agenda.

MANAGEMENT

The crux of managing the hidden agenda is to discover it. Once it is brought out into the open, the rest of the management is straightforward. Indeed in many, the ensuing emotional catharsis is therapeutic and is all that is needed of the doctor.

REFERENCES

1. Kee PCW, Wong WN: The Hidden Agenda and Diagnosis in General Practice. Singapore Med J 1990; 31: 427-31.
2. Stuart MR, Lieberman III JA. The fifteen minute hour. New York: Praeger, 1986: 10.
3. Barsky AJ. Hidden reasons some patients visit doctors. Ann Intern Med 1981; 94: 492.
4. McCormick JS. Problem differentiation. In: Taylor RB (ed). Fundamentals of Family Medicine. New York: Springer-Verlag, 1983,29-30.
5. Balint M. The doctor, his patient, his illness. New York: International Universities Press, 1972: 36.
6. Byrne PS, Long BE. Doctors talking to patients. Exeter: Royal College of General Practitioners, 1984: 28.