



David Jenkins

Listening to Gynaecological Patients' Problems

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Preface

Gynaecological textbooks generally are divided into sections according to pathological diagnoses, not according to symptoms or symptom complexes. Students of gynaecology, because they initially acquire information from textbooks, are conditioned by the organisation of these texts to think of gynaecology in terms of pathological entities rather than symptom complexes. Gynaecological patients, however, do not present complaining of endometriosis or endometrial malignancy or hypophyseal-ovarian dysfunction; rather they present with symptoms like 'pain low down in the tummy', 'bleeding from the front passage' or 'irregular periods'.

This book attempts to help students of gynaecology (including everyone from students learning the subject for the first time, through family doctors, to hospital doctors of all grades) to approach their patients as people, as distinct from possible pathological entities, to listen to them, and to communicate with them. In order to help achieve this, the text is divided according to symptoms or related groups of symptoms. Within each division, pertinent questions are listed in the words that might be used in addressing a patient, followed by a key explaining the significance of the questions and a brief discussion of the problems of the condition under consideration. It is hoped that this approach will facilitate the taking and interpretation of case histories, thus aiding differential diagnosis and clinical management, and will initiate the process of self-teaching.

The book tries to emphasise that, especially in gynaecology, the same symptom (e.g. heavy periods) may have very different

significance in different patients in terms of diagnosis and management.

I am content that the exercise has not been marred by the blind conviction of a crusader but is often characterised by the hesitancy of someone who knows he could well be wrong and is anxious to learn by his mistakes.

Acknowledgements

I want to thank whoever taught me to say 'I don't understand' when I didn't, and those of my teachers who taught me how to think rather than rely upon dogma and 'fact'. Hiding ignorance behind labels is common in medicine. The medical student is bombarded with dogma, 'facts' and labels and rarely has time to ask questions. He is too often programmed rather than educated, an unfortunate fate for some of our brightest school leavers. I thank those students who refused to accept, without question, my dogma and made me think as I shared knowledge with them.

I wish to thank my secretaries, Miss Bridget Barrett and Miss Maureen Gleeson, who over the past 7 years have produced draft after draft of this simple text, helping to bring some order out of confusion.

Finally, particular thanks are due to Michael Jackson of Springer, who has performed in a manner highly reminiscent of an obstetrician in his antepartum and intrapartum care of this parturient.

Cork, Eire
June 1986

David Jenkins

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