

Pandemic of great expectations

In addition to a pandemic of multimorbidity,¹ what we might have on our hands is a pandemic of great expectations. Aldous Huxley said that “medical science has made such tremendous progress that there is hardly a healthy human left.” I find that many of my patients have rather lofty and unrealistic expectations of how they should feel at all times. And if circumstances lead to their not feeling well, their doctors should certainly be able to “fix” the problem. We likely have only ourselves to blame for raising peoples’ expectations beyond what we can deliver.

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Competing interests

None declared

Reference

1. Genuis SJ. Pandemic of idiopathic multimorbidity. *Can Fam Physician* 2014;60:511-4 (Eng), e290-3 (Fr).

Response

Thanks to Dr Muldoon for her thought-provoking letter. There are certainly individuals who present to physicians with seemingly trivial complaints and some who do not follow basic health measures, yet express surprise when they become ill. People are not baffled when poorly maintained or aging automobiles malfunction, yet some people pay little heed to basic self-maintenance and are somehow astonished when they feel unwell. Furthermore, there are individuals who sustain utopian ideals of how they should consistently feel and harbour unrealistic expectations of health providers, expecting to be “fixed” despite less-than-ideal health practices. However, this is not the general presentation of most patients with multimorbidity with sensitivities (MWS) as discussed in the article “Pandemic of idiopathic multimorbidity.”¹ Furthermore, with specific laboratory and environmental testing, objective and measurable abnormalities are usually identified when assessing patients with MWS.

However, it is my experience that many physicians are unfamiliar with sensitivity-related illness and might thus be unable to account for the symptoms and concerns of patients with MWS. I routinely hear the frustration of individuals who comment that their doctors are unable to explain multisystem health complaints and therefore think that such patients are “whiny” or perhaps mentally ill. I think it is important for us, as physicians, to be cautious that our dismissal of patients’ symptoms does not represent a visceral response to our own inability to elucidate the source of their concerns.

Dr Muldoon’s letter provides an opportunity to raise a noteworthy point with regard to physician perspectives. The 2003 Canadian Medical Association survey of members² and other publications in Canada³ and abroad^{4,5}

provide insight into the attitudes, beliefs, and morale of some physicians in this country and elsewhere. The findings reveal that many physicians feel discouraged, clinically ineffective, and unproductive in their work. As a result, some doctors find the practice of medicine to be intellectually unrewarding. In fact, a number of e-mails I received in response to my article talked about frustration, futility, and ineffectuality in managing patients with MWS. I have often wondered whether many empathetic practitioners, particularly primary caregivers, find it difficult to repeatedly listen to the sad and sometimes desperate accounts of innumerable chronically ill persons day after day, and perhaps find it hard to maintain motivation when encumbered by a palpable inability to alleviate suffering in many cases. This is particularly relevant as about 72% of the global burden of disease in adults now represents chronic illness,^{6,7} often involving multiple ongoing conditions. The frustration all around is encapsulated by the name of a recent paper entitled “Where do we go from here?” Health system frustrations expressed by patients with multimorbidity, their caregivers and family physicians,⁸ one of the many dozens of medical publications on this matter released in the past few months. Furthermore, this issue is clearly of enormous relevance and concern to the medical community, as a previous article on the subject of multimorbidity⁹ is one of the most cited papers ever published in *Canadian Family Physician*.¹⁰

In the 2 articles on multimorbidity in the June issue of *Canadian Family Physician*,^{1,11} I presented information about sensitivity-related illness—an emerging immune disorder resulting from toxicant exposures—and its relationship to MWS and chronic illness. With the recognition that numerous chronic afflictions can be ameliorated and that health can often be restored with the guidance and care of informed physicians, expectations of good health are very realistic. With the knowledge and tools to investigate and successfully assist many patients to overcome their chronic conditions,

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