

Correspondence

Aggression in medical practice

Dear Editor,

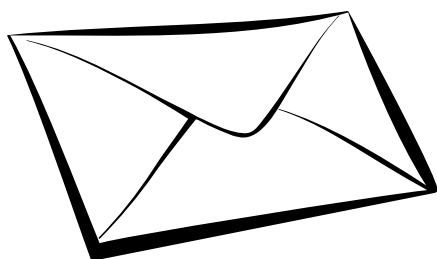
I found your recent publication “Laboratory Testing for Cardiovascular Risk” very useful. Unfortunately it was marred by the repeated use of the qualifier “aggressive”, as in “aggressive management of lifestyle factors” (p12), “aggressive lifestyle intervention” (p15), “aggressive pharmacotherapy” (p17), “aggressive blood pressure control” (p23) etc.

If your panel of writers thinks this is a mere semantic quibble, then I beg them to consider how they would feel about having their GP “aggressively intervene” in their own lifestyle. Does this not smack of paternalism and medical hubris?

It seems to me that the notion of aggressive management is deeply inimical to a patient-centered approach to medical practice.

Ian Milne

Aggressive is often used in the literature to describe when an end point is pursued with vigour. But you are right, it does not sound nice – Editor



Send your letters to...

**Correspondence, PO Box 6032, Dunedin
or email editor@bpac.org.nz**

Medication use in the elderly

Dear Editor,

Just read your message re medication use by the elderly following discharge - yes this has been a problem in the past - I can remember several incidences where people have had to bring all their meds in to us so that we can sort it out. I think the problem is that they are sometimes confused while in hospital - they may receive a lot of verbal instructions for various reasons and as a consequence the medications are misused. I think a clear written chart is essential so mistakes are minimised. Often the discharge note is not faxed to us until days afterward.

Trish Metcalfe

Dear Editor,

My concern relates to those patients (and these are often the elderly) who are discharged from hospital with medication alterations. Often due to the urgency of discharge, patients are not given a new prescription and or medication card and then turn up at the doctor for a prescription prior to any discharge note which may not arrive for up to a week post discharge.

The elderly are especially vulnerable with medication changes as they are often unaware of them and may not even alert the doctors to the fact that they have seen a specialist since their last prescription. Thank goodness for vigilant pharmacists who contact us to discuss any anomalies between prescriptions.

Wendy Gill

Thanks for your feedback. These issues will be addressed in our next edition of BPJ – Dilemmas in prescribing for the elderly – Editor