

EDITORIAL

Aspirations and expectations

Aspiration: *Hope or ambition*

Expectation: *Belief that something will happen*

Aspirations and expectations form part of our development and daily living, and can lead to a lot of frustration.

As young and developing individuals we have certain goals, such as schooling and training, to prepare us for our chosen careers, as well as social and sporting achievements.

Some individuals do well at school and their main goal is to excel in academics.

Others do well in sport, participate competitively, and their goal is to play for the first team and to be a national representative, e.g. a Springbok rugby player.

As with everything in life, hurdles and obstacles appear, such as backache or head injury after an accident which will have an effect on the individual's physical and/or intellectual ability and therefore on their development and career prospects. This is an area where lawyers get the most out of it as it can lead to expensive lawsuits and costs, based on assumptions.

On the other hand young individuals in the growing phase are pushed to extremes to perform in sport. The result is musculoskeletal failure, especially backache. Despite several and very expensive investigations the advice is – scale down on the exercising programme.

The parents, teacher and the individual often find this unacceptable and place the burden on the doctor to find another solution.

It can lead to a surgical procedure which alters the natural history of the condition completely and inevitably leads to frustrations, second opinions and maybe further surgical procedures.

It is therefore quite clear that aspirations, and parental and teacher pressure can be good, but can lead to unnecessary frustration and problems due to complete lack of insight.

It is difficult to address the above, but a team approach which includes a clinical psychologist, sport advisor and medical experts can address the problem.

As we grow older expectations, especially towards our medical problems and their solutions, become part of our counselling and treatment programmes.

Older people have high hopes and expectations for treatment of their degenerative joint and back pathology and the outcome thereof.

This is where the expectations and what the effects of surgical treatment will be, become a problem.

Communication through several consultations and discussions is necessary. Insight is our biggest problem and can only be addressed by repeated consultations.

If their expectations, such as a pain-free, mobile back are not met, it leads to disappointment, second opinions, more surgical procedures and even lawsuits.

In order to maximise communication you have to understand the thinking process, which can be subdivided into:

- a) Fast thinking
- b) Slow thinking
- c) Cognitive decisions
- d) Anchoring
- e) Conflict management

The above is well illustrated by D Kahneman – Nobel Laureate 2002 Economics – in his book, *Thinking Fast and Slow*.

During the first consultation everything about the procedure must be discussed. The patient usually has little understanding or insight, but agrees. They just want the procedure done, and they have high expectations. This is part of the fast-thinking process. In the slow-thinking process the patient starts thinking, gets control and better understanding. Therefore they must go home, discuss it with the family and then return to the doctor.

The second consultation process now starts to be effective and is absolutely mandatory in the understanding and developing of expectations.

When patients come for another opinion, they tend to comment on the previous doctors and their mistakes, and hold you up as a saviour. This is a cognitive illusion and psychopathic charm of the patient.

How do you feel and react? Do you understand the patient's feelings and will you be able to help? Beware: Try to get all relevant information from the other healthcare providers involved in the treatment of the patient before giving an opinion or treating the patient.

Another factor that plays a role is the anchoring of beliefs and expectations of the clinical therapy and expected outcomes. This depends on the patient's perspective and understanding of their condition, as well as the doctor's expertise and recognition. In this respect, communication is of the utmost importance and it cannot be achieved in one consultation.

In the slow-thinking process the patient starts thinking, gets control and better understanding

Especially in the patient with a multi-operated back, with huge frustration levels and several opinions, conflict is a problem. The patient is frustrated, influenced by information from the internet, and lands up in a conflict situation with their doctor. This is an automatic reaction over which the patient sometimes does not have any control.

The slow-thinking process plays an essential role here in getting the patient to understand the complexity of the situation and control their emotions.

It is clear from this discussion that aspirations and expectations play a huge role in the management of our patients. Communication is the only tool that is effective and it must take place several times until the patient is completely in control of their problem and has a clear understanding of what to expect. Try to avoid the quick fix operations.

If the above is met we will have more satisfied patients, fewer lawsuits and lower insurance premiums.

References

1. Prof DW Oliver – Personal communication. Professor of Pharmacology, School of Pharmacy, North-West University, Potchefstroom
2. Dr Daniel Kahneman, Nobel Laureate 2002 Economics. *Thinking Fast and Slow*, Published Penguin Books, ISBN978-0-141-03357-0 (2012)

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