

**Spiritual approach in GP consultation  
(03HDC19027, 16 December 2004)**

*General practitioner ~ Depression ~ Spiritual healing ~ Standard of care ~  
Communication ~ Rights 4(1), 5(1), 6(1)(b)*

A 28-year-old man consulted a GP for the first time at a Christian-based medical centre, complaining of anxiety and depression, and giving a history of previous depression, anxiety, and drug use. The man's depressive episodes were infrequent and had occurred for the past nine years, during which time he had received some counselling and pharmacotherapy. The consultation took around 20 minutes. The GP obtained a brief medical and psychiatric history, including enquiry about suicidal ideation, and then proceeded to give advice of a spiritual nature. No physical examination was performed and no medication prescribed. The GP told the man that "it looks like Satan has got his hooks into you. We're all born with sin and this needs to be gotten rid of", and gave him two books on religion. Although upset at the comments, the man felt unable to leave because of his depression.

Later that day the man saw another GP and was diagnosed with depression, started on an antidepressant drug, and referred to a psychiatrist. The man's wife visited the Christian-based medical centre to complain and, on the GP's instruction, was refunded the fee. The medical director of the centre stated: "We believe that there is a spiritual dimension to our patients' lives, we are prepared to discuss this area as one of our treatment options if it is relevant and acceptable to the patient." The man later saw a psychiatrist, who agreed with the second GP's diagnosis of mixed anxiety-depressive disorder, and noted that the patient was much better.

The GP was considered not to have breached the Code, as the consultation was conducted safely and thoroughly. The lack of a physical examination was not a significant omission, as the patient was a fit-looking young man who had previously been medically assessed, and it was appropriate to focus on the presenting problem. However, the GP should have discussed with the patient the role and acceptability of any spiritual input into treatment. If the orientation of a practice departs significantly from a standard or conventional approach in a way that impacts on patient management, it is important that patients are informed. In addition, the GP's comment about Satan was inappropriate. No further action was taken on the complaint in light of the GP's retirement from practice.