



The Cough Mixture Addict

by Dr Victor Teo, Family Physician

Typically male, middle-aged, smoker. Can be blue-collar, and a lot of times, a salesman. Don't ask me why.

You-know-who/That-which-many-cannot-name-but - insist-they-must-have-for-their-cough. This character is actually a figure of mirth for me.

Sometimes, I can 'diagnose' them even when they are in my waiting room or standing at the nurse's counter.

It's like this, the typical cough mixture addict:

1. Typically male, middle-aged, smoker. Can be blue-collar, and a lot of times, salesman at your large chain electronic store. Don't ask me why.
2. May start asking about 'Dh*****' at the front counter. These are the straightforward ones. Other slightly subtler ones ask about the clinic consultation charges first. This is when my index of suspicion goes up to about 80+%. Whatever. Now, those who actually make it into my consult room are the not-so-observant ones - they failed to see my laminated, large-font notice at my front counter that says "NO DH*****L available in this clinic" (I put

the sign up after I got fed up with such 'patients').

3. Typically, they will have incessant, exaggerated loud volume coughing while waiting in the consult room which almost no real case of cough would. They are over-compensating: "LOOK, I really really reaaaaaIIIIlyyyy have a bad case of the coughs!!"

4. On eye-balling them in the consult room when they enter, they might be tanned and have some tattoos (but not the salesman from Hardly Normal, mind you). You can smell the cigarette smell wafting 3 feet towards you (smoking to steel their nerves before seeing a doctor for a bogus consultation, or whatever else is stressing them out such that they need codeine to calm their nerves).

5. During the history, they will tell you that they only have cough. Phlegm? No. Fever? No. Sore throat? No. Runny nose? No. The easier to just get what they want you see... no money to spare for other bogus symptoms. By now, my index of suspicion is up to 99.8%.

By now, you are probably thinking that these patients are wasting your time, that you didn't go through medical school to attend to these sorts of patients....



6. If you are getting the drift of this consultation and want to cut to the chase and ask, "What cough mixture do you usually take?" The coy ones will make a show of not knowing the name or how to pronounce Dh****I, e.g. "starts with D", "err... something Dh* something", "errrr... start with D, ends with L". The bull craps a whopper. More often than not, these Dh****I patient play coy, like blushing brides.

7. "Why don't you try phenexpect CD, Tussidex DM, Prospan, etc etc?" "Nothing else works!!", "I will vomit with every other cough mixture", "and I am allergic to all other medications!!" (This one is THE winner).

8. If you relent/give them the benefit of the doubt at least once (remember this is the very first consultation with this 'new' 'patient'), well this just invites more steaming crap your way. "O Doctor, can I have two bottles please?" The various excuses: "Keep one bottle at home, one at the office", "Keep one bottle at home, one at Batam" (this guy says he goes to Batam to work often), "I am travelling to USA/Vietnam/Switzerland/Malaysia for two weeks", "My cough usually lasts very long", "So I can save some money/don't have to pay consultation fee when I finish the first bottle" (!!)

By now, you are probably thinking that these patients are wasting your time, that you didn't go through medical school to attend to these sorts of patients, that the patient probably thinks that you are either naive or has low IQ, or maybe both.

BUT, matters are not concluded yet... they will....

9. Come back one to two days later, saying that they need another one or two bottles of the cough mixture.

"I spilt one bottle (accidentally)", "My children were playing, and they spilt the cough mixture", "My grandmother/maid, etc threw it away", "Ants got in" (You can just about see me rolling my eyes right now).

It's nice to reminisce, now that I do not stock any Dh****I. But, those were the days. It's kind of fun, AND funny on looking back. Glad I am looking back. ■CM

Dr Victor Teo (MBBS 1999) practices at Y S Teo Family Clinic. He is starting his GDFM with the new intake.

Are you a Family Physician who wishes to spend more time with your patients?

International Medical Clinic (IMC) operates family clinics with a clear focus on the international expatriate community, and offers a truly unique practising environment, which includes:

- A very real focus on patient care and service;
- Significantly lower patient numbers, based on our patients being prepared to pay for quality time with their doctor;
- No panel contract arrangements,
- enabling medicine to be practised without any third party interference;
- A significant remuneration upside for those suited to our style of medicine;
- Standard work week hours, with the possibility of flexibility with the number of sessions worked.

For more background, please view our website at www.imc-healthcare.com and also a relevant article at www.imc-healthcare.com/article.pdf

Please send your CV together with a cover letter stating the reasons you are attracted to IMC, to hr@imc-healthcare.com