

CASE:

Hans Muller

PATIENT

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**Name:** Hans Muller  
**Age:** 37 years old  
**Occupation:** Manager of Computer Company  
**Family situation:** Married with four children: 10,7,3 and 15 months. All home births.  
**Past history:** NAD  
**Medications:** Nil  
**Allergies:** Nil

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### Brief Statement of the Situation

**Appearance:** Calm, but becomes defensive and angry as the doctor begins to discuss immunisation.

You present with your seven year old daughter, Tara, who had cut her right foot on glass and requires suturing. Her health is good, but she has recently had measles.

When asked about her immunisation status - particularly tetanus, you reply that "I don't believe in immunisations". You believe that children should develop their own immunity, and that immunisation is harmful. All of your children are healthy, and none have ever been immunised. In fact, your children hardly ever get colds in winter. You have a pile of literature on the harmful effects of immunisation. When Tara had measles, she was given a high dose of Vitamin C (tablets) and she is now better.

If further questioned about the family

- You are all vegetarian; and
- Your youngest is still being breastfed.

### Mr Mullers' understanding of immunisation

Common Childhood Illnesses - Measles, Mumps and German Measles (Rubella). These are common and therefore there is no need to immunise. It is better that the children get these infections. Besides after the immunisation, it is quite possible to get a mild dose of the infection anyway.

Other Illnesses - Tetanus, Whooping Cough, Diphtheria and Polio don't occur very often anymore, so there is no need to have immunisation. Also, the Shopping Cough (Pertussis) immunisation can cause fits and brain damage.

### How to play the role

Becomes angry and defensive as the discussion on immunisation progresses. If handled sensitively he calms down and is willing to consider the benefits of immunisation, but not at this consultation.