Dr Pat Manson and the way forward

Dr Pat Manson, the GP, was compassionate, caring, conscientious. As a father, he was committed, involved, proud. And then he took his own life.

Why? The question that will never be answered, by his family or by his colleagues, us among them.

In a piece he wrote 3 years ago, he acknowledged both his ‘tendency to obsessionalism’ and his occasional dark thoughts. He quoted a trainer colleague he greatly admired, Dr Malcolm Lindsay, talking about being a ‘good enough GP’. But being ‘good enough’ was not good enough for Pat. He set very exacting standards for himself and, over the last few months of his life, he had been struggling to reconcile the sort of available, family GP he wanted to be (the sort his father had been before him) with the increasing IT-based demands of current general practice. He drove himself very hard and there are not enough hours in the day for what he wanted to do.

The last thing he wrote, alone in his surgery room at midnight, was in preparation for a trainers’ conference that he was due to attend the following day:

‘Training is a shared journey with a professional colleague.

It mirrors the journeys we are privileged to share with our patients as they divulge their fears, concerns, and expectations when their lives are touched by ill health.

It is about nurturing, encouraging, motivating, and realising potential for both parties by jointly testing our limits, acknowledging what we do not know, and appropriately addressing our learning needs.

It is about learning to strike balances between science and evidence and the needs of our patients as unique human beings and between commitment to practice and to our personal and home life.

It is about setting in place blocks for a lifelong journey of discovery.’

Pat trained 23 young GPs during his professional life and was unofficial mentor to many, many more. Teaching was his passion and many benefited from his quiet wisdom. During the talking and sharing in the practice after his death, some parts of the puzzle of his death moved into place. Some never will.

As well as being a caring, committed GP, Pat had helped to found and chaired the Borders branch of Cruse, the bereavement counselling organisation. He, more than anyone, understood the suffering caused to those left behind by suicide. A Cruse book, An Anthology For Those Who Grieve, is entitled All In The End Is Harvest. We want his legacy to be that it will be easier for GPs and other doctors to acknowledge stress and mental health problems and to seek help for them. Discussions, triggered by this tragedy and in the wake of other similar tragedies, have already started in the Borders and in the College. To look after others, to ‘stand close to those in suffering’, to offer real empathy, to be kind to others, we need to be kind to, and look after ourselves. Clare Gerada is working hard to spread this message and to develop services for struggling doctors. John Gillies is involved in discussions at health board and Scottish government level about how best to help practices avoid similar tragedies in the future.

On Pat’s desk was another short piece written by James Willis, The Role of the General Practitioner:

‘[The role] is founded on science, and yes, yes, evidence, but it also involves the reconciliation of incompatibles, irrationalities and impossible expectations.’

How many GPs are struggling and suffering because of ‘impossible expectations’?

How many GPs with inspiration and expertise to offer as trainers are discouraged by the paperwork and bureaucracy? How

REFERENCE