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Being human

I clearly remember deciding I wanted to be a GP. I was at one of those academic medical schools where all the consultants seemed like perfect super-humans. They knew everything. They were certain. They created the knowledge on which everyone else relied. I knew I could never be like that.

Then I did a GP placement. For 6 weeks I was with a doctor who saw people with complicated, sometimes insoluble, problems. It was difficult and busy. But for each and every one he did his best. His best was not perfect, but it was good enough, especially as he was going through difficult personal circumstances at the time. In contrast to all the other senior doctors I’d come across, this one was human.

‘Ah!’ I thought to myself. ‘I can be human!’

Of course, this does a disservice to the fine human specialists I was taught by, but it’s an insight that has refused to go away during my career. At those times where I think I don’t know enough, I remind myself that I have at least achieved being human. It is something we have in common with our patients.

At its most fundamental, the power of the consultation doesn’t come from our ability to operate a stethoscope or to know when to prescribe antibiotics appropriately. It comes from having two human beings in a room. All else springs from the relationship that develops from that starting point. A relationship is much harder to measure, or even describe, than blood pressure control or prescriptions.

As we try to describe what it is we do, or how to improve what we do, the idea of a relationship can slip away unnoticed. It’s easy to concentrate on the tasks that we do — diagnose, investigate, refer, prescribe — and think the content is the same whichever competent doctor is in the room.

The other major paradigms that inform our work can also distract us from the relationship. Evidence-based medicine has become an essential component of our work but it can lead to an assumption that there is ‘An Answer’ to whatever clinical problem is posed by a patient. The job of the

doctor is to deliver that Answer. The focus on ‘The Evidence’ tends to assume that the same treatment is delivered independently of the two humans in the room. It’s worth remembering that the original description of evidence-based medicine would not have had much time for that attitude!

The other influential paradigm is patient-centred medicine. Of course we should be patient centred in our consultations. The focus on the patient is a necessary antidote to centuries of paternalistic medicine, and correctly identifies one of the humans in the room.

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