Bad Medicine

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Reducing general practice workload

With Brexit, normal politics is suspended and no new resources are coming to general practice any time soon. We are in the midst of a workload crisis and the worse it gets, the more difficult it is to recruit — so down and down we spin. But *'Adversity reveals genius, prosperity conceals it'* (Horace), so time to make do and mend. Some practices are experimenting with total telephone triage systems, while others are using Skype and e-mail solutions. General practice has tried such initiatives before — they are doomed to fail. For the call centre approach misses all the important soft signs of medical care. Consider the demise of NHS Direct: starting with a fanfare but ending with risk-averse, bureaucratic, foot-long protocols, ambulance calling, and an expensive whimper. Other recycled old ideas involve substituting doctors with nurses and pharmacists, but the impact is limited.[1] Lastly, the academic dream of computer algorithms replacing doctors won't ever work (anyway, we already have robotic, non-sentient care — they are called hospitals). There is no substitute for a face-to-face consultation with a doctor.

If we are unable to offer more supply of doctors, then we must reduce demand. What is driving this escalating demand for care in today's largely disease-free Britain? We can blame a scaremongering media, Dr Google, or those dumb popularist disease-awareness campaigns. But they are not to blame. A society's health-seeking behaviour is in fact the product of the clinical practice of their doctors. Fanning health anxiety makes patients return and return. In most countries, patients are simply a raw material used to manufacture money for doctors and hospitals. So medicalising the human existence is just good business! This explains the observed diverse and divergent health-seeking and beliefs of different nationalities. The current clinical practice of us GPs is responsible for the increasing demands on general practice in the UK.

I shall illustrate this bitter truth. Don't prescribe antibiotics for 'sore throat', because patients are much less likely to return for a sore throat subsequently; prescribe, and they will return every time.[2] This is the forgotten 'numbers needed not to treat' effect, and holds true of every aspect of our care. Antidepressants: most of our observed benefit of antidepressants is merely the placebo response, with any actual benefits being marginal[3] or non-existent.[4,5] Yet prescribing antidepressants has a far-reaching cascade effect on our time. Likewise, for sleeping tablets and benzodiazepines; opioids and gabapentinoids have an equally desperate research base but prescribing is increasing, consuming vast quantities of our time daily.

And this effect is even more complex than mere prescribing. How much work does one hospital referral create? How much of our time is spent managing minor abnormalities found in unnecessary blood tests and other investigations? Yet prescribing, referral, and investigation rates vary wildly between doctors working in the same area[6] and can only reflect differences in clinical practice, not burden of disease. And here is another truth: *there is too much medicine and less medicine is almost universally better medicine*. Iatrogenic harm is the spectre in today's world of polypharmacy for all.

So the debate about workload in general practice should in reality be a debate about clinical practice. If we want to reduce stress and workload the solution is in our hands only. We need to prescribe less, intervene less, and refer less. This can be done at practice level by implementing non-prescribing policies, actively stopping medications, and analysing referral patterns. Nationally, GPs need to seize total ownership of primary care guidelines, and kick off the idiot aristocrat specialists who know nothing of primary epidemiology and project unrealistic guidance from flawed hospital-based research. Finally, good medicine can only be achieved through good access, and good access can only be achieved by less medicine.

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