

my course of study. I am grateful also to Miss M. Hammond, the college librarian for help with bibliography and to Dr Guy Scoular, group medical superintendent for permission to write about the hospital.

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A week with a general practitioner

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AS VARIETY IS SUCH A MAJOR factor in the student's life, it is only to be expected that the new system whereby students spend one week with a general practitioner, would be readily welcomed. I automatically took to the system in that I did not have to report for work until 10.30 a.m. instead of the usual 9 a.m. There could be no better gift than an extra 1½ hours rest to banish the proverbial Monday blues!

Nevertheless, having forgotten about time my foremost preoccupation was how much precious teaching I was missing at the clinics. This I suppose was not a very healthy attitude but little did I realize it could be so radically changed in the next few hours. After meeting the doctor who at once seemed to be very co-operative and willing to teach, I was introduced to his system of operation at the surgery. As I was allowed only one week to become acquainted with the system, the best way to derive the greatest benefit from my visit was by concentrating on a different aspect every day. On Monday I gleaned insight into the duties of the general practitioner with special emphasis on the doctor-patient relationship. It was most gratifying to find that the majority of the patients had no objection to my presence during their visits. I realized from observing them coming to and fro, that the most important task for the doctor was to gain the patient's confidence. Without this, successful rapport could not be established and the likelihood of efficient treatment would automatically be diminished. The best aid to diagnosis seemed to be a calm and sympathetic personality, a good deal of common sense and a sound knowledge of all aspects of medicine to add that essential element of confidence. Otherwise the doctor would find his patients informing him of diagnosis, treatment, etc. With the *Reader's Digest* knowledge of medicine, the lay public could easily come to regard the physician as a means of obtaining certificates, prescriptions, etc., and not as a person with healing powers—and general concern for the welfare of his patient. This deleterious attitude must be prevented at all costs.

So many patients, men and women, young and old, were seen on the first morning, that it was an obvious essential for the doctor to adapt himself to each different personality. In order to avoid an unnecessary sense of rush and bustle and to eliminate confusion, a breathing space of a few minutes between each patient is a great asset. The general practitioner can treat an illness not only in the light of the presenting signs and symptoms but also in the context of the patient's social and environmental conditions. This aspect is the general practitioner's prerogative and is in strong contrast to the patient-doctor relationship in hospital where the social factors influencing a disease are rarely unfolded. As a student's teaching is concentrated

towards the patient in hospital, he unconsciously gleans the idea that 'hospitalization' is the only adequate way of treating diseases and begins to regard the general practitioner as meagre, unscientific and imprecise and sometimes even as an unnecessary addition to the medical profession. At the same time he is being constantly inculcated with the idea that the patient is a mere vector of a conglomeration of signs and symptoms. In this way the student tends to lose sight of his ultimate goal. This confused system of medical education is crying out for complete revision and for broadening of its all too narrow horizon. It seems logical that any new method should be aimed at giving the student a balanced view of medicine. This should include an attitude both scientific and humanitarian, a high ethical standard, a good knowledge of the structure and behaviour of society and of the environmental effect on health, and above all a strong sense of obligation. Besides seeing the different patients, at the surgery, I was also brought on a house-call on my first day. This helped to stress the importance of the social factors influencing a disease and also clearly demonstrated an important means of strengthening that all-essential patient-doctor relationship.

The main topic of interest for the second day, was the paper work connected with general practice. First on the list came the records of all the patients' previous complaints, treatment, etc. These were very concise and to the point—in strong contradistinction to the elaborate hospital notes. I could see that expressions such as "may I see the x-rays please?" were quite foreign to these surroundings. These records were kept in order in an efficient filing system by the doctor's secretary. The fact that the doctor can inquire about the patient's previous conditions, automatically means that the patient feels more at ease and places ultimate trust in his doctor. One must constantly be aware of the fact that the patient's complaint, no matter how trivial, is of the greatest importance to him at the time of consultation. The doctor therefore has the obligation to assure his patients that all his interests are geared towards treating the condition, be it social or medical. In hospital a student is inclined to think that a patient is verging on hypochondria if a consistent list of signs and symptoms cannot be elicited. The rest of the paper work consisted of forms issued by the Cork Health Authority concerning maternity services and the notification of infectious diseases. The amount of use made of the transfer forms depended to some extent on how aware the doctor was of his limitations. Although the general practitioner's main aim is to treat the patient outside hospital as much as possible, he must be prepared to transfer the patient if warranted, and also to gain further opinion on any condition which is outside his sphere. This attitude helps to reassure the patient that his condition will get the most efficient investigation and treatment possible. However difficult it may be to come by the ideal doctor, the ideal patient seems to be a mere figment of the imagination. On many occasions it seems that the best way of satisfying the patient is by issuing a certificate and writing a prescription in 'illegible writing'! In striving to bring medical efficiency to a fine art, one would wonder if such a patient should be transferred to a psychiatrist. In general practice the aim should be to limit the paper work to a minimum by employing a secretary and also by the free use of rubber stamps for signatures, dates and so on. A dictaphone can be very useful as a time-saver where long reports have to be made. From the paper work it was obvious that the records on the young patients were not as complete as might be expected, e.g., previous vaccinations were often not noted. This deficit seemed to be due to a lack of communication between the school medical service and the general practitioner. Public health service should be better integrated with the work of the family doctor as both have to deal with many similar problems.

If the maximum efficiency and benefit is to be derived from the doctor's work, it is essential that he should work in adequate surroundings. As this aspect is so important in general practice, on Wednesday the emphasis was placed on the lay-out of the surgery. A good site is indispensable. In the course of the week I realized how much of the doctor's work could be decreased by making efficient use of the ancillary services of a nearby hospital. It is an advantage to be on the route of a good bus service and to have adequate parking facilities. With the changing face of general practice and the increasing popularity of group practice, it is a good idea to have sufficient room for expansion with an eye to the future. In the interior, maximum use should be made of all space, and entrances and exits planned so as to avoid congestion. The waiting room and consultation room should be as informal and unscientific looking as possible. The examination room should have adequate facilities. An efficient lighting and heating system is necessary and the doctor should be able to operate the entire building from his room by a good

bell and phone system. Human nature being what it is, soundproofing should be given due consideration when planning a surgery lay-out. On Wednesday, therefore, I saw general practice as a business—as in all other aspects of life—the labourer is worthy of his hire.

The next topic of interest was morbidity as seen in general practice. So far no survey has been completed locally. On studying English surveys, it seems that the incidence of respiratory diseases would not be as high here. Rheumatic conditions would be higher, possibly due to less efficient heating systems. In general practice, the natural history of disease can be studied from its inception in the context of its environment and influencing factors and not as is the case in hospital as an isolated group of symptoms. If a disease is cured outside hospital and some or all of the precipitating factors removed, the condition is not so likely to recur as after discharge from hospital. The family doctor, in my opinion, plays a very important part in detecting and treating disease at their first signs. This function can be very satisfactorily performed if the patient comes to the doctor of his own free will. This brings to mind the question of routine screening and check-ups. Apart from the obvious advantages, one wonders if people would become neurotic about their health and live in constant fear of what terrible condition they might have. (It is well known that most medical students go through this stage.) In Ireland it seems that the general population is not, as yet, sufficiently educated in the advantages of mass-screening. In order to promote the doctor's part in the prevention of disease, some of the more usual screening tests, e.g., Papanicolaou smear test should be available to the patient. This method of gradually introducing new techniques would eventually prove more successful than the sudden enforcement of new regulations. At present most of the preventive measures, e.g., vaccines and immunizations must be introduced at an individual level. In all, the study of morbidity helped to show how rare are rare diseases and how common, common diseases.

The ideal way, for the doctor to become acquainted with his patients, is by knowing them from birth. This can be best achieved by holding an antenatal clinic once weekly at the surgery, and by following up each patient until birth. Many cases of toxæmia can be detected at an early stage by routine check-ups. Even though expectant mothers may have no serious complaints, they benefit greatly from the reassurance of the doctor who is indispensable in this situation.

The instruction on Friday and Saturday was concerned with various aspects of organization. This had already been dealt with to some extent in the lay-out of the surgery and in connection with the paper work. A rota giving the doctor regular working hours and the maximum benefit from his free time is a most useful system. Most afternoons were free, giving the doctor adequate time to study his patients' complaints and to keep abreast of medical news. This time can be used to keep in contact with other general practitioners and to attend case-presentations at various hospitals. This may seem a very full schedule and one could easily see how doctors aren't notorious for hitting the 90+ years. All work and no play applies equally well in this situation. With an efficient rota system, there is always time for recreation at the free weekends. Herein lies the advantage of having a surgery away from the home. Once locked up, the doctor can get away from the inevitable tension of his work. The recreational aspect of general practice seems to get inadequate coverage in most medical schools.

Apart from becoming acquainted with the life of a general practitioner during the week, I had a chance to see many conditions rarely seen in hospital. In my opinion, this system of visiting general practitioners is essential and worthwhile for medical students. At present as the entire class cannot be accommodated, the best system would be to allocate the students who have no previous experience of the work, to the various general practitioners. Thanks to the willing co-operation and patience of 'my tutor', I think great benefit was derived from the week. My strongest criticism is that it was far too short.
