

## **UNDERGRADUATE TRAINING**

### **GUIDANCE FOR STUDENTS VISITING A GENERAL PRACTITIONER**

#### *Objectives*

Most of your medical education takes place in hospital. You are now being given an opportunity to visit a general practitioner. It is important to acquaint yourself with some of the basic characteristics of his work if you are to obtain the maximum benefit from this experience.

The hospital is able to provide many of the essential elements of clinical teaching. Patients who visit and are admitted to hospital, however, are a highly selected group of individuals, many of whom are there because they are suffering from diseases requiring the knowledge and equipment available to the hospital specialist. In the hospital you can learn to identify abnormal physical signs and study in detail the pathology, investigation and treatment of advanced disease, but there are many aspects of the practice of medicine which cannot be learned there and it is about some of these which you will have an opportunity to learn in general practice. They are important to you whether you will become a hospital specialist or a general practitioner or a medical administrator.

#### *Health and illness in the community*

The range of illness seen in general practice is wider than that seen in hospital. It may be considered under a number of headings.

*The normal*—Many patients consult their general practitioner because they are anxious lest a particular symptom indicates the onset of serious disease. Examination of the patient often reveals no objective abnormality, but, in order to recognize this, it is essential for the doctor to be well acquainted with the wide variations of the normal. You will see, for instance, the normal child, his progress during the first years of life, how he walks, the shape of his chest, abdomen and feet; the normal tympanic membrane, nose and throat. You will be able to observe the changes associated with adolescence and with the normal processes of ageing.

*Acute infection*—Many of the acute infections seen in general practice are self-limiting; others respond readily to antibiotics. It is unusual for these illnesses to reach hospital. They include the infectious fevers and acute infections of the eye, nose, throat, skin, the respiratory system and the alimentary and genito-urinary tracts.

*Early signs of disease*—Illnesses usually seen in hospital only at an advanced stage may be seen in their early stages in general practice. The early diagnosis of such diseases as chronic bronchitis, rheumatoid arthritis, cancer and depression may be difficult because of the gradual progression from health to disease.

*Mental illness*—The range of mental illness seen in general practice differs from that seen in hospital. It reflects the way in which individuals endowed with varying resources in terms of intelligence, emotional maturity and social support respond to the stresses of life. You will have an opportunity to see not only how physical symptoms are provoked by mental distress, but also the effect of physical disease on the mind.

*Chronic illness*—With improved control of the acute infective life-threatening diseases, chronic degenerative diseases are becoming increasingly important. Cardiovascular and pulmonary diseases and arthritis are absorbing a large proportion of the medical care in this country. Your experience of these diseases in hospital is limited to short episodes where an acute exacerbation of the disease process has been associated with serious disability. During your attachment to a general practitioner you will have an opportunity to study these diseases at every stage in their natural history. In general practice it is possible, for instance, to observe the young male smoker with a morning cough, vulnerable to chronic bronchitis. The disease at more advanced stages is seen in the man in whom "colds" always go to his chest, then the man who has a productive cough for 2–3 months every winter and then the man who coughs throughout the year and becomes disabled with shortness of breath in winter. In the final stages, patients are seen who cannot work, cannot go about in the community and finally cannot move from room to room within the home because of breathlessness.

You will have an opportunity to observe and discuss the diagnostic, therapeutic, social and psychological implications for the patient of this type of chronic disease and its evolution and to observe its effect on the family.

The study of chronic illness in the community provides an opportunity to consider the resources which are necessary to support those who are disabled. This support starts within the family, but it is reinforced by the welfare services. An important lesson which emerges from such a study is the interdependence of hospital, general practitioner and community health and welfare services in the management of illness and in particular the rôle which the general practitioner plays in ensuring continuity of medical care over a long period of time.

*Preventive medicine*—There is increasing emphasis on the importance of preventive medicine, as well as early diagnosis. In general practice, this includes not only the fields of maternity medical care and child welfare, but also the identification and screening of those individuals on the general practitioner's list who are particularly vulnerable to physical, mental and social breakdown. This is extended to health education both in the art of living and in the use of medical care. It is also concerned with the early diagnosis and correct treatment of illness resulting from trauma, infection and psychological and social stress in order to prevent progression to more serious disease.

*Birth, marriage and death*—You will have an opportunity to gain insight into the implications of these crucial events for the individual and the family. The general practitioner plays a rôle as family counsellor in a wide variety of situations, but particularly in the management of sexual problems, birth control, interpersonal relationships, tensions within the family and grief.

#### *Primary diagnosis*

Patients consult their general practitioner because they notice some deviation from normal health which they consider requires medical assistance. This primary request for medical care reflects human behaviour in response to stress or disease. The way in which an individual responds depends on his personality, his intelligence, the cultural patterns to which he is accustomed, and the support which he can derive from his family and from the community in which he lives. These are as important as the pathological processes themselves. His decision to seek assistance from his general practitioner is influenced by the accessibility of the doctor, which in turn depends on geographical, economic and cultural factors. Primary diagnosis is concerned with the evaluation of the primary request for medical care, and in general practice you will have an opportunity to observe this. You may consider which areas of knowledge the doctor uses in reaching a primary diagnosis and you will see his need to perceive the significant symptom and to identify the real complaint.

Diagnosis in hospital or general practice is concerned with relating the patient's presenting clinical picture to familiar patterns of disease and the frequency of their occurrence. The different range of illness seen in general practice, compared with hospital practice, means that, in the presence of a given group of symptoms and signs, the doctor will draw his diagnosis from a different range of probabilities. In general practice the symptom of cough in a child has a high probability of being due to an upper respiratory infection; only a small proportion of the children presented to the general practitioner with a cough are referred to hospital. The majority of those seen in hospital will be suffering from lower respiratory infection. This difference in probabilities can be applied to a large number of symptoms, *eg*, headache, abdominal pain, diarrhoea, vomiting. A similar difference in the range of probability is also found between sub-groups of patients in the community: it may be demonstrated for groups of different age and sex in a single community, and for communities of different social structure and geographical location. To reach a primary diagnosis, the general practitioner uses his knowledge of probabilities in about his particular practice population.

#### *Human behaviour*

If the primary request for medical care reflects human behaviour in response to stress and disease; it follows that evaluation of it requires a knowledge of human behaviour. General knowledge of human behaviour makes it possible to predict that individuals with certain personality characteristics and in certain social situations will respond to stress in a particular way. The general practitioner, in reaching a primary diagnosis, uses this knowledge, but he is in a position to supplement it with his accumulated knowledge of the way individual patients have behaved in the past. He sees his patients on average 3–4 times each year. Two-thirds of them

have been registered with him for over five years. He has the opportunity to observe many of them over a considerable period of time and can relate their presenting symptoms to his previous knowledge of them. His knowledge of the family and the social structure in which they live helps him to evaluate their presenting symptoms. For instance, a nocturnal cough in an overcrowded bedroom may lead to a request for medical care earlier than the same symptom in more spacious surroundings. Illness in the mother of a young family may have more serious consequences than similar illness in the father. You will have many opportunities during your attachment to evaluate illness in the total situation in which it is occurring.

#### *Examination of the patient*

You will notice that the patients attending the general practitioner's surgery are, on the whole, less extensively examined than the patients you have seen attending the outpatient department in hospital. It is a mistake to assume that this is due simply to lack of time. Many of these problems concern localized disease processes of, for instance, the ear, nose, throat or skin and can be adequately diagnosed by local inspection taking only a few minutes. At half the consultations in general practice, the patient is attending at the doctor's request for follow-up care. At about one half of the remainder, the patient presents exacerbations of previously diagnosed disease. It follows that at only about a quarter of all consultations is the doctor presented with a completely new diagnostic problem. The wide variation in the complexity of the problems presented at primary care level compels the general practitioner to organize his time efficiently and to allot priorities in its use. In response to his patients' requests, he must assess their needs, and this is an integral part of the primary diagnostic process.

#### *Organization of medical care*

From what you see in the community, you will be able to postulate the range of medical care services required. Having observed that medical demand is determined by human behaviour in response to illness, and that the response of the individual disabled by disease is a reflection of his personality and social resources, you may be led to consider the advantages to the community of a primary and personal physician who has special skills in the evaluation of human behaviour and the long-term management of disability. You will become aware that such a physician cannot function efficiently without the support of nursing and welfare services and you will see how situations arise wherein his patients need the specialized knowledge and skills of hospital physicians or institutional nursing care.

From this global view of integrated medical care, you can focus down on the practice to which you are attached. General practices vary enormously. They are influenced by the local needs of the population, the personality of the doctor and the organization of the local authority services. It is becoming increasingly common for doctors to practice in groups of three or more in purpose-built premises. Many doctors use appointment systems and local authority nurses and health visitors are attached to some practices. You will have an opportunity to discuss with your tutor the advantages and disadvantages of different methods of delivering primary medical care.

#### *Organization of teaching in general practice*

Attachment to a general practitioner presents a unique experience in medical education. Throughout this attachment you will have a personal tutor and you will have the privilege of joining in the relationship which he enjoys with his patients. At times this may become a confusing experience. In the consulting room a new patient is seen every five to ten minutes, and the doctor makes a series of decisions covering a wide field of medicine and based on a background knowledge of his patients against which he evaluates their presenting complaints. Time will not allow him to explain all his decisions to you and you may find it helpful to make brief notes as the surgery proceeds and discuss any special problems at the end of the session.

In much of your training in the hospital it has been necessary for you to concentrate on identifying physical signs of disease. Your attachment to a general practitioner provides an opportunity for you to study how individuals respond to disease. This demands of you a change in your approach to the ill person, and the questions you should try to answer at each consultation are "Why has this patient consulted?" and "What does this illness mean to this individual?" If you can find the answers to these questions, you will have greatly extended your understanding of medicine.