
WHY NOT?

Why not shed a little moss?

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SAMENESS is dangerous. It ossifies our initiative, pickles knowledge, blunts skills, fixes attitudes and is boring.

During six years as a general practitioner I have had the opportunity to travel and to work in primary care in a number of rural and urban communities in Africa and Canada. The length of time has varied from two weeks to three months, and I have worked both in hospitals and in the community. Short visits took place during holiday periods; a longer trip was made possible by extended study leave (*Red Book*, para 50) and a grant from the Royal College of General Practitioners. For all my trips I am grateful to understanding partners and an adventurous family. The accumulated experience of my work abroad has brought vitality and insight to the humdrum of British general practice.

Like many others I used to scoff at behavioural medicine, which I considered to be intuitive and only confused by applying Balint-style analysis. But no more. I have sat in busy African clinics, with and without an interpreter, have listened to queues of unfortunates who, at great cost, have walked far and waited long to tell of such symptoms as waistache, turning eyes, fast heart, and dry feelings, and have frequently been frustrated to find neither cause nor meaning; and my frustration was intensified by the absolute requirement to provide a prescription. Some colleagues were discouraged by this and sought refuge in a series of technical skills, often improvised with great ingenuity. But seeing behind these cultural curtains has given me a vision of the pre-eminent need to communicate, and now I value and exploit that vision in more familiar surroundings.

How cautiously we delegate to nurses and others, those non-doctors whose competence we ponder, whose acceptability we question, and even whose competition we fear. How different when doctors are genuinely in short supply. Delegation then rescues both doctors and patients. Large-scale delegation demonstrates how much of the service traditionally provided by doctors can be given as effectively, or more effectively, by people with much less education and training. Those who have trained and worked alongside health care

assistants of many sorts will return home with a clear sense of the importance of teaching (and learning from) those who assist us.

Nobody loves a cliché until it is dead. Prevention, we are told, is better than cure; and we believe it, or at least pretend to, until the reality of a busy professional life allows us to forget. How different is evolving African society: gross malnutrition, a harvest of parasites, neglected trauma, superstition and ignorance, tuberculosis, blindness, Bram Stoker's "undead" walking into clinics—these are the realities of everyday medicine in Africa. Having seen these, prevention and education can never again be forgotten.

Many skills require regular maintenance. All general practitioners, and especially those fortunate enough to work in a general practitioner hospital, have to use blunted skills from time to time—in resuscitation, in minor surgery, in obstetrics; how much safer for our patients at home, and how much greater our confidence (lack of which often stops us from making full use of available facilities) if work abroad has given us the opportunity to renew our versatility.

"*Quot homines, tot sententiae*" is certainly true of running a health service. But so many of the opinions are like the wind: we knoweth not whence they come nor whither they go. We should adopt those methods that have been tried and not found seriously wanting. When we have endured radically different ways of living and earning we know what works and what doesn't; and why. We know because human qualities and values have assumed importance at the expense of the drive for material affluence. Thus touched we offer wiser counsel, sounder judgement, livelier initiative, and hope for the future.

Teaching and learning in general practice are acquiring a welcome professionalism. Trainers pass on knowledge and skills and try to convey wise attitudes. Instruction extends beyond diseases to the examination of human development, human behaviour, administration and the relationship of medicine to society. Each one of these aspects of doctoring acquires a new dynamic if it has been observed in an unfamiliar setting. Certainly let us keep our feet on the ground, but I think a modicum of professional wayfaring makes a better doctor.