

The importance of the generalist

IT may not come as a surprise to you to learn that I have always felt the generalist to have an important role in many spheres of life. That is why I was particularly delighted and honoured to accept the Royal College of General Practitioners' invitation to become president during this, its 40th anniversary year. In normal circumstances, to be a layman among experts is an uncomfortable and daunting position; but I am encouraged by the fact that it is the viewpoint of the layman — the patient — which most certainly ought to guide and inform every aspect of the general practitioner's work.

There can be few fields where the demands placed on the abilities of the generalist are greater than in health care. The general practitioner's need to adapt to changes in these demands (particularly in an increasingly consumer-driven framework) surely lies at the heart of the challenge facing the College and its members. But it is also, perhaps, the perfect time to look at the fundamental issues which affect the role of the general practitioner. There is a strong danger that the narrowly political, the flux and conflict of commercial pressures and of current affairs, are eclipsing the general practitioner's deeper understanding of his or her own role.

The whole nature of the relationship between doctor and patient has come under scrutiny, and many doctors are troubled by this. I would suggest that there are, perhaps, some vital and searching questions to be asked about not just the clinical, but also the intellectual, challenge faced by general practitioners. Integrity is an old-fashioned word; but it is surely the integrity of the work of the general practitioner that needs to be restated, and with pride, if general practitioners are to face the future with renewed morale.

Much has been made of the 'doctor's dilemma'; indeed, the public is now so used to reading of doctors' dilemmas that they would not be surprised to discover that self-questioning had become a specialty in its own right. But this is not a sign of weakness. The public relies on the ability of general practitioners to doubt, to question, and to reassess. Moreover, I believe that there are questions that general practitioners are entitled to ask of their own College: is it aware of its growing responsibilities to future generations of young doctors? Can it stave off the ravages of lack of professional self-confidence, of diminishing numbers of trainees?

The Romans believed that every house — and every institution — had a *genius loci*, a spirit that presided over inhabitants of the place, guiding their fortunes. Is the College ready to perform this function for general practitioners? It is surely up to

the College not to dictate, but to formulate, to respond, to direct — and above all to inspire — teaching general practitioners to accommodate change and anxiety, without losing sight of the deeper, permanent priorities.

What persuades a young man or woman to opt for general practice? It is not the easy option — nor the most attractive, as the statistics show. General practitioners know — and have always known — that patients present with a bewildering range of problems which confound textbook definitions: clinical, social, economic, environmental and spiritual. This is a burden, and one for which many feel inadequately prepared; but I believe that in fact this is where they find professional fulfilment — in the dignity and commitment that this heavy responsibility involves. I also believe that medical students should be taught just how vital and enriching it is to be involved in the treatment of the whole person, as the generalist is uniquely placed to do.

Of course, treating the whole person demands training for the whole doctor. Appropriate treatment involves counselling skills; dealing with social and environmental factors; and liaising carefully with other health professionals. To the layman, there is something wrong with a training for general practice which starts with a rigid emphasis on the specialist, and only introduces the trainee to the community and its needs at a point where it has already been made clear that in financial terms the 'career ladder' may lead elsewhere. The mature skills that are the lifeblood of general practice are reduced to subsidiary considerations. We look to the College to help to change the educational prescription, so that general practitioners feel confident and competent in their roles within the community health framework.

Is inter-professional education and multi-disciplinary vocational training ever going to be more than an aspiration? In my experience of many other fields, the sight of totally interdependent professional disciplines riven by conflicts over status and an inability to work together is a familiar one. Those involved in the health and social services and their associated disciplines know all too well that it is patients' welfare which may slip through the gaps left between professionals' understanding of one another. What is needed is a no-nonsense acceptance on all sides that improved quality of patient care is worth the risk of 'loss of face' in front of other professionals, and that every time general practitioners explore new partnerships when caring for patients they are strengthening the trust and respect we have for them.

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President of the Royal College of General Practitioners