

Iain Bamforth's latest book, *The Good European: Arguments, Excursions and Disquisitions on the Theme of Europe* is published by Carcanet Press in July 2005. IainBAMFORTH@wanadoo.fr

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Richard Lehman, the Banbury Pepsys, appears weekly at doctor.org. edgar.lehman@btinternet.com

Ann McNulty worked in secondary education, and is now the Newcastle and North Tyneside Teenage Pregnancy Coordinator. **Kathleen Buxton, Diane Buxton, Sarah McGlen and Michelle Baker** are from Newcastle upon Tyne. 'Between us we have 12 children. We were teenagers when we had our first pregnancy. In the workshops we do in schools and for medical students, we want to get across the range of experiences 'behind' what gets talked about as teenage pregnancy. We are not giving a wholly positive or negative message. We are all very proud of what we have done. Two of us are expecting a baby at the moment, two of us have completed our families: one has a job linked to training and qualifications, and one is planning a return to higher education and a career in the NHS.' **Chris Drinkwater** was an inner city GP in Newcastle for 23 years and is now Professor of Primary Care Development at Northumbria University in Newcastle. Ann.McNulty@newcastle.ac.uk

Frank Minns was a dashing naval warfare officer, now Arcadian landscape gardener. frank.minns@ntlworld.com

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Emyr Gravell

Once upon a time

'Erase una vez ...' says the waiter with a playful smile after I try to ask for the bill in Spanish. 'Once upon a time ...' he teases, as I don't quite get my Spanish right and have asked for a story — cuento, instead of the bill — cuenta.

A week in the winter sun of the Canaries is the perfect antidote to the dreary February weather. We're only 3 hours away from home but it could be several months as we get an enticing trailer for summer. Watching our children splash in the swimming pool it sometimes feels like an even greater jump in time, back to those endless, perfect childhood summers. Time loses its tyranny with plenty of opportunities to take it easy, idly drinking coffee and trying out my Spanish. The waiters indulge me, even though they are fluent in all the usual tourist languages, and patiently correct my mistakes. I've mixed the two words up because they both come from 'contar' which can mean to count or to relate. It's similar in English, 'tell' can also mean to count and an 'account' can be a set of dry figures or a thrilling tale of danger at sea or of the search for hidden treasure, or of love lost and regained.

In the languid heat of a bonus summer's afternoon I muse on why words with such different meanings have the same origin. It's easy to imagine why counting is so deeply ingrained in our psyche. Life for most people for most of time has been harsh, constantly scraping a bare hand to mouth existence. The practical importance of knowing exactly how much of anything — sheep, loaves of bread, land or water — you had was crucial to survival. Yet storytelling is just as deeply ingrained in us. Epic tales and myths have been around since before recorded history.

The magic of hearing, reading or seeing stories has always been a powerful stimulus to the imagination and all parents know the marvellous calming effect of a child's bedtime story. The Welsh 'gentry bards' in the Middle Ages had to serve a 9-year apprenticeship before they were qualified to travel from manor to

mansion earning their living, and now the modern day troubadours, such as film stars or best selling authors, are rich celebrities.

Once upon a time we recounted about our patients more than we counted them. I remember when I first started in practice it struck me how much, compared to hospital doctors, the other GPs knew about their patient's lives. It was a familiar pattern at coffee time, mentioning a patient would regularly trigger a story about them or one of their near relatives. All sorts of stories amusing, poignant and occasionally cruel — acting as release valve to the stresses of practice life. Although they were usually not overtly medical they could still give a different insight that could help to improve their care.

Now, as the focus of care moves from the personal to the population, patients are more a source of statistics than stories. It's easy, like remembering those endless summers of childhood or even the lazy Canarian afternoons of a few weeks ago, to be indulgently nostalgic. Perhaps care will get a lot better by being more focused and hard headedly practical, but we need to be aware of the danger of losing something that courses so deeply through us, something that is crucial to our individuality. I can't imagine us regaling each other in years to come, with tales of how we got Mrs Jones' cholesterol down just in time for the QMAS return or recounting once again how that crucial Hypertension Strategy scraped us a few more quality points.

I often find that the doctors I look up to most, the most competent, the most rounded, also seem to have the greatest supply of anecdotes. Perhaps we need a Story Czar to monitor and maintain a balance between these two aspects, and our appraisals could include PIN-Patient Interesting Narratives — or DAS — Doctor Anecdote Stores.

Maybe, but I'm not holding my breath. It's more likely progress will involve more counting and we will be judged on knowing how fat and tall our patients are rather than knowing fables and tales about them.