

General practice for foundation doctors: an easy option?

even from consciously remembering it.

There are other forms of ill-treatment: as well as less extreme physical and sexual abuse, there is a whole spectrum of gross and subtle emotional damage. If, as I propose, we're right in linking heartsink behaviour in the consulting room to an origin in a 'major' or 'minor' abusive experience, then A, without knowing it, has already given us a map to a troubled and largely unexplored interior. Here be dragons, belonging to A's past, but not of A's making.

Geraldine is a woman in her late 50s who relies heavily on laxatives. She is overweight and, you suspect, a more than moderate drinker. She claims to have suffered chronic constipation 'ever since I was at boarding school, really', and is reluctant to give details of her diet. In her presence, you have the sense of things being held back ... from a long way back ...

All these examples are of patients who can't tell their stories openly. The origin of their pain is hidden, even from themselves.

Gwenda Delany

The role of the GP is poorly understood by many doctors. It is a common misconception among my contemporaries that the world of general practice is an 'easy-deal', where doctors work 9 to 5, Monday to Friday, with nothing more challenging than a patient with the common cold. Hospital doctors are quick to criticise these hard-working GPs who, in reality, have to work 10-hour days, during which they juggle surgeries (with sick patients!), visit patients at home, teach their juniors and run a business.

Despite having a career goal of cardiology, I chose to undertake a 4-month foundation 2 placement in this enigmatic world of general practice, to gain a greater understanding of what life is like on the other side of the fence.

Running my own surgeries is challenging but immensely enjoyable — it amazes me that patients expect me to know everything about everything. I'm dealing with problems I've never encountered in secondary care. What do I do with Mr X who is depressed? Or Miss Y who is distressed with her positive pregnancy test? In addition, I have to think on my feet as the patient isn't going anywhere until I've come up with a management plan! Come back the days when I could say, 'I'm just going away to write in your notes and will be back with you shortly ...' as I raced to the nurse's station to consult my Oxford Handbook!

Having spent 16 months in secondary care I know first-hand how cumbersome prescription summaries and discharge letters are to organise. But never again will I put off dictating these vital pieces of information. Apparently it's the norm to wait months for these letters to arrive; the patient has long since filled you in on what happened to them; 'Well they said it was my heart doctor, and I just have to keep taking those little white pills ...'

Has this time in GP land changed my career ambitions? Is it an easy option? My career goal is unchanged, but I believe

there is a lot for all foundation doctors to learn in primary care which is fundamental to the foundation curriculum. I have gained a realistic insight into general practice, which is most definitely not an easy option and have learnt an immense amount of medicine. And finally, (perhaps most importantly) I solemnly promise to be more understanding of, and considerate to, these doctors who have, what I consider, to be one of the hardest jobs in medicine.

Rebecca Dobson