

Professor Ian Richardson

33. Avoid arguing with patients who are drunk and remember the drunk patient may have an intracranial bleed.
34. All women of childbearing age are pregnant until a urinary beta-hcg test says they are not.
35. You will see a lot of children. Most love stickers. If possible spend a minute talking to the parents to put them and their child at ease. Use this time to observe the child before examining. Obviously this isn't practical in an emergency.
36. Don't discharge a febrile child on antibiotics without finding a source of infection.
37. Don't ever forget the glucose.
38. A&E is a great environment to develop your ophthalmology skills so make the most of this opportunity. Learn to use the slit lamp (preferably before you use it on a patient) but don't become too dependant on it as few GP practices have one. Always document visual acuity and eye movements in any eye/facial injury.
39. Always check patient details before requesting investigations/tests on the computer or sending bloods.
40. Don't forget to ask for paracetamol and salicylate levels in all cases of overdose and serious deliberate self-harm no matter what report to have taken (or not taken) — these are the things that CAN be treated.
41. Always check renal function before IVU or other radiological contrast.
42. Try to avoid handing patients over if possible. If it isn't possible, hand over a clear management plan that covers the likely outcomes. Your colleague doesn't want to have to re-clerk the patient.
43. Try to stay professional when referring, even if the person you're referring to isn't.
44. Encourage patients who don't have a GP to register with one, this is better for them and can save you work in the future.

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Professor of General Practice, born 3 April 1922, died 16 December 2010

Among the festive debris on our kitchen table at the end of last year, were two letters lying, by chance, alongside one another. One was from my aged mum, an avid reader of the *Herald* obituary column, enclosing an obituary of Professor Ian Richardson, professor of general practice in Aberdeen, and one was from the widow of Gibbie Abercrombie, the Auckland GP with whom I had done my GP student attachment.

As a student in Aberdeen in the early 70s, I had approached Professor Richardson to explore possibilities for doing an attachment in New Zealand. He was encouraging and kind and, rather than, as I had imagined, querying why I wanted to leave the Aberdeenshire fold, he contacted an old friend and colleague then living and working in Auckland and, several months later, I was welcomed into Gibbie's home and practice. Two months after that, I decided that I wanted to be a GP.

Gibbie had graduated from Edinburgh and had managed to combine medical studies and working as a doctor with playing rugby for Scotland. He and his wife emigrated and he set up practice on Auckland's North Shore. They had three sporting sons and several sporting grandchildren and a happy and fulfilled life until, around the age of 60, he developed motor neurone disease. My memory is of a very active, kind man who loved life, his work and thrived on helping people. (He might have been surprised that one of his grandsons forsook rugby for basketball. But he would have forgiven him when he gained a place on the NZ national team, the Tall Blacks.)

As a student from a non-medical, non-university educated family, I had often felt intimidated and vulnerable in a medical teaching environment where nearly everyone else seemed to speak the language and identify with the system. Both Gibbie and Professor Richardson encouraged me to feel that wider life experiences were valuable and that they contributed to how you practised and what kind of doctor you were. As Professor John

Howie said in Professor Richardson's obituary:

*'He was devoted to the well-being of students. He nurtured young talent and promoted inter-disciplinary thinking and working ...'*¹

In 1966, he had been appointed as a reader in the embryonic General Practice Teaching Unit and became professor in 1970, focusing on developing a pioneering health centre strategy for Aberdeen. He was responsible for producing the north-east Scotland workload study which provided data for research over the subsequent decade, promoted the idea of the 10-minute consultation ahead of its time and created a 12-place vocational training scheme. He was influenced by the work of Michael Balint and was involved with the RCGP, going on to chair the Board of Examiners.

My personal experience of him was of someone who listened, was non-judgmental and helpful to an undistinguished student with no overt academic aspirations:

*'His legacy is in the careers of countless people who were inspired by his thoughtfulness, his wise counsel ...'*¹

What a privilege to have met and had my early life and career influenced by him. Thank you, Professor Richardson.

Lesley Morrison

Postscript

For anyone seeking to encourage potential medical students, especially those from backgrounds where family advice is not easily available, the website www.wanttobeadoctor.co.uk is invaluable. Produced by Leeds WAMS, Widening Access to Medical School scheme, it is a very useful resource for students applying to any medical school.

REFERENCE

1. Obituary: Professor Ian Richardson, professor of general practice. *News. Scotland.com* 2010; Dec 22. <http://news.scotsman.com/obituaries/Obituary-Professor-Ian-Richardson-professor.6667957.jp> (accessed 8 Jan 2011).

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