The Review

New GP writing

Hurricane 'Catriona'

Let's not exaggerate the force of the hurricane that cut a swathe across central Scotland on Thursday 8 December 2011. It wasn't Katrina. A few roofs came off, a few trees came down, and a few cars were squashed. I went into work on Friday to find we had no electricity in Aberfoyle (we have two dispensing practices in villages 7 miles apart), and, while we had heating and lighting in Buchlyvie, the computers had crashed. I spent most of the day seeing patients in Buchlyvie.

It was a tremendously exhilarating experience. No EMIS, no Docman. The screens were blank. I started out thinking that the loss of access to the patient record would be, though far from insurmountable, an impediment. In fact, the collective memory of patient and doctor easily compensated, and I quickly came to appreciate the advantages of being liberated from the Third Eye in the room. It was all a question of Focus: I and the patient were able to turn our backs, literally, on all the paraphernalia of IT, and concentrate on one another. That I was able to give the patient my undivided attention became self-evident. The sharper focus of the patients was more subtle; they were aware that we were operating under constraints, and that therefore it behoved them to be candid, succinct, and to the point. From an ethical point of view it was as if the patients had suddenly become aware of the concept of 'justice' and of the moral imperative that they see their own problems in the context of the individual and collective problems of the community, to retain a sense of proportion about the extent and limit of their own personal needs. It was as if we were operating in a war-time footing.

There was a blitz atmosphere of camaraderie among all the staff. Suddenly we were all talking to one another. If we encountered a difficulty we improvised, in good faith and to the best of our ability. We had a great day.

Would I want to dump all the computers in a landfill? Of course not. We have crossed a Rubicon there. But it is all a question of proportion. On that Friday morning when we realised the system had crashed, some management scientist in an obscure recess of the Health Board allegedly suggested, without any trace of irony, that we pack up

and go home. Nothing could be more redolent of the insanity of our devotion to cyber technology than this suggestion that, on a day when, for example, our most elderly patients might be at their most vulnerable, we doctors might consider ourselves effete just because we couldn't turn the computer on. It's just a tool. EMIS or GPASS or Vision are just fancy versions of a Lloyd George envelope. That's all. If we really think the essence of what we do is somehow enshrined in a PC then not only have we lost our way; we have lost the plot. We have lost our humanity.

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Dr Imposter

An award-winning health journalist poses as a locum GP to expose the truth about general practice.

I know it's not strictly legal, but I'm doing this in the public interest. General practice is not well. GPs are paid more than the prime minister just for referring you to a proper doctor. You can never see the same doctor, and don't even try getting an appointment to fit around shopping or the school run. Even reasonable people like me are getting thrown off GPs' lists just for missing a few appointments. So I am going undercover as a locum GP to lift the lid on general practice, and to find out what the hell's going on at the other end of the stethoscope.

Don't worry — I am not putting patients' health at risk. Although I'm not medically qualified in the traditional sense, I do have GCSE biology, and I am an experienced freelance health journalist. I've covered most of the big health stories of the last decade, from the scandal of statins to the breakthrough of using acupuncture to cure dietary allergies. I've even worked as health features editor for *Preggers!* magazine for a year, where I commissioned an award-winning article on celebrities' pregnancy-induced piles. And of course, I'm a fully qualified mum too. I have a 4 year-old daughter, Lettis, so there's not much I don't know about ear aches, fevers, and Calpol®; certainly more than the baby-faced 'doctors' at the surgery who lecture my nanny every time she takes Lettis in. So although my formal degree is in media studies from London Metropolitan, my informal qualification is in common sense medicine from the University of Motherhood and Health Journalism.

I sometimes get butterflies in my stomach when I imagine what my first solo surgery will be like. But I'm sure I'll be fine — I've done my research. I have hacked into doctors' chat forums, and befriended some GP registrars (always up for a free drink) in my local pub. I have uncovered four golden rules to surviving as a GP, and if I stick to those I can't go far wrong:

1. Communication is 90% of the job. Be nice, listen to patients, and involve them in decisions, and you're very unlikely to