"Perhaps general practice is the chivalrous knight. Deluded, perhaps, but not disillusioned. Believing in a greater good, where bearing witness and maintaining honour are important, even when they may not alter the outcome."

The girl in the cupboard: oppression and suppression in a time of recession

'Doctor, can you write a letter? ... they are going to take away ...' The request for letters is common — it was the second part of the sentence that caught my attention. Who was going to take what? What was my role in this? An average day in the practice, three such requests; the recession has increased my role as a patient advocate; but is there more to it?

Paula is 33. Her mother died when she was young and her father hit the bottle. Her grandmother decided to rear her, but they had no room. So Paula's bed was under the stairs. Her grandfather put up a piece of ply board as a wall and Paula would crawl in to sleep. She grows up. I have been her family's GP for 14 years; I see her dad slowly destroy himself with drink, I drove her grandmother to the hospital to die. I have witnessed Paula somatise her life: chronic back pain, treatment resistant depression, and an over-reliance on anxiolytics. For me, Paula's physical problems are rooted in her childhood.¹ Finally after 12 years on a housing list, she gets a 1-bedroomed flat. It's small, a bit damp, but it's the first time in her life she has some privacy. Or does she? She presents in tears, asking for a letter. One of her neighbours reported her to the authorities because her boyfriend was staying over frequently; against council policy. Upon having a housing inspection, the council note that she has three large dogs. She is threatened with eviction if she doesn't get rid of one of her dogs and 'provide evidence' that her boyfriend is not living with her.

Two similar consultations: Mary, has severe fibromyalgia and a history of domestic abuse. She arrives crying on her son's 18th birthday. Today they will lose his child benefit; it means they will have to move home as they are unable to pay the rent. She talked to the landlord. She talked to the welfare officer: 'it's not their problem'. I am fearful for her. She is mentally vulnerable and her son has already hit her. As a mother myself, I look forward to my son's 18th birthday; a symbol of independence. For Mary, it's a day of sadness.

Finally, Marie, mother of 14-year-old Avril, arrives in her wheelchair. A childhood illness has left her disabled, it's a miracle she had a child. But her husband left her and she reared her daughter with the help of her extended family. Avril is self-harming. The psychiatrist suggests that she ask the social worker to call. Marie perceives this offer of support as a threat: they are going to take her daughter away because she was a bad mother.

My patients are dependent on the state for financial support, access to health care, housing. All three services lead back to the State. Yet the State is also a source of regulation and repression. I am a doctor, trained in clinical practice. Why should I write letters? Why should my voice be heard any louder, than that of my patients? Yet I believe it will and I write the letters; that's my job.

I go home. 'A bad day' I say to my husband. He sighs 'just another day fighting windmills'. In that moment I recall an image of Don Quixote, charging with his lance towards windmills,² a chivalrous knight protecting those in distress. I reconsider. Perhaps general practice is the chivalrous knight. Deluded, perhaps, but not disillusioned. Believing in a greater good, where bearing witness and maintaining honour are important, even when they may not alter the outcome.

Martina Kelly,
Park Family Practice, Cork, Ireland.

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ADDRESS FOR CORRESPONDENCE

Martina Kelly
Park Family Practice, Lr Friar's Walk, Cork, Ireland.
E-mail: m.kelly@ucc.ie