Wise up to the dumbing down of general practice

I’m 46 now and due something of a midlife crisis, so you’ll forgive me for looking back at my career in general practice and asking how worthwhile it has been. No doubt I’m not the only doctor in the country that looks critically at their performance and sees, rather more readily, one’s weaknesses than their strengths. And yet, as the years go by, there seems to be an ever greater requirement to justify myself, to prove my value. Paradoxically this leaves less time to do valuable things. What’s more, this need to prove myself, as well as being a crushing burden personally, is, I believe, detrimental to my patients since a need to tick boxes all day renders me content to have ticked the boxes rather than to do something that may make a difference.

Once, when things didn’t go as we’d have hoped, we talked about the event of significance, as professionals. Then such discussions became formalised as significant event audits (SEAs) and in time they became a requirement, necessary for revalidation. Now, however, with a list of situations that the SEA meeting must cover, they have largely lost their value. Once when we came across something we didn’t know, we looked it up, as professionals. Now we must submit our PUNs and DENs, and reflect on the process. Once training was an apprenticeship, now it’s a tiresome collecting of CBDs, COTs, DOPs, PSQs, and MSFs. Once we sought to advise, help, and treat patients who were sick, now we chase QOF points and are rewarded for them regardless of how meaningless the chase for them actually is. What have you done this last week that you felt was particularly worthwhile? I’d wager a small coin it wasn’t starting someone on a statin!

And the result of all of this, I think, is a devaluation of general practice, such that it is becoming a profession I am in danger of no longer being proud to be a part. Medicine as a whole is becoming a job not a vocation. We need to wise up to the fact that general practice is being dumbed down as we are forced to focus on the minutiae at the expense of the whole. Others have remarked that wisdom is being lost for the sake of knowledge, which in turn is being lost for the sake of facts. And now facts are losing out for the sake of data. The very fact that, as Mrs Jones enters our room, our computers flash up the fact that her last cholesterol is >5.0 proves the point. We are moving to an ever greater validation of the sacredness of a patient’s clinical parameters, while our capacity to consider the individual as a whole is vanishing. There is a place for data, of course there is, but I want to be wise, not merely accurate. Do we really want our legacy to be successfully filling the local nursing home with the next generation of older mentally infirm patients who really may have been better served staying away from our life-prolonging medicines? The point of living is not a long life. It may not be wise to strive for it.

Recently I filled out my appraisal forms and, for my plans for the coming year, I put down that I wanted to approach the problems that will be presented to me with a degree of medical know-how, mixed with healthy measures of common sense, pragmatism, and good fortune. Will that satisfy my appraiser? Or will I just have to prove I’m ok, by producing the ‘evidence’ that will prove no such thing? I want to do things more wisely, that just may mean doing less.

Something needs to change. Rosa Parks was the woman who, in 1955, lit the spark that ignited the civil rights movement when she was asked to give up her seat on a Montgomery bus for a white person. She simply said ‘No’. Our problems are comparatively trivial, but I can’t help thinking that we would do well to say a quiet yet determined ‘No’ to the changes that are being imposed on us. Although we may have to accept the consequences, it may just have the effect of maintaining the profession of which we chose to become a part and mean that, when our time comes to retire, we are sad to leave.

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DOI: 10.3399/bjgp13X674486

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