"Living with some uncertainty is culturally acceptable in the UK. The converse must be so draining; to be constantly challenged and under threat of litigation must sap energy and dedication."

Only 50 shades of grey?

The email from an unknown sender popped into my inbox 'Hi, we were at a conference recently and I'd like your advice ...' Something stopped me from hitting delete immediately and I read on: a Texan Professor of Family Medicine was seeking a UK GP academic to test his various hypotheses about the US healthcare system versus the rest of the world. That was 6 years and a hundred emails ago.

Autumn 2013 found me walking alongside the friendly Texan to visit an older patient. The professor had decided that the only way to be sure that the NHS was as great as I claimed was to see it for himself. I often walk to home visits as a third of my practice population are within a 20-minute brisk walk, but I confess to taking special delight in walking my car-dependent colleague through the history-laden streets on a pleasant late summer afternoon.

'Oh yes, that tea shop is genuine Tudor, circa 1509 ...'

... and on our return there was incredulity:

'You mean that she sat at home for 18 hours in pain she describes as worse than childbirth, before phoning you to come and visit her — no 999 call, no trip to A&E, no screaming relatives?'

The visit marked the end of a morning in surgery where all patients had accepted the presence of the stranger, even those who were distressed; highlighting the remarkable tolerance patients have to our professional whims. I had anticipated several 'no's from my middle-class patients; perhaps the power of his title and inbuilt curiosity helped.

The similarities in our jobs were clearly evident in the needs and wants of my patients that reflected his own experience: a skilled clinician, an emotionally-intelligent sounding board, to be valued as individuals, and of course our time. However, NHS patients tolerate far more uncertainty and challenge us far less than those 'across the pond', and our use of reassurance appears to be far more effective as a consequence. Living with some uncertainty is culturally acceptable in the UK. The converse must be so draining; to be constantly challenged and under threat of litigation must sap

energy and dedication. Who needs a GP if intuition and experience are not allowed to prevail? This is the strongest argument for only the brightest, best, and most resilient clinicians being allowed to enter general practice in the US, but here in the UK too.

The summing up of our day was thus: forget 50 shades of grey, real general practice has a thousand shades of grey, the greyness of uncertainty; if we get black or white moments, then that's an easy consultation or encounter, but patients are the same the world over, their lives are complex and fuzzy with the physical, psychological, and social factors tightly tangled. As GPs the best we can hope for is to bring a little bit of clarity and some start at disentangling; frequently that is all we need to do as nature and time can then do the rest.

The opportunity to observe a different healthcare system or to be observed by someone from outside the NHS is a privilege. I feel remarkably uplifted by seeing our NHS through another's eyes and I am reassured that it is OK to be uncertain: it is what we do best.

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