

Out of Hours

Philosophy of general practice: in the eye of the beholder

The most unexpected email I ever received read as follows:

'I am a family medicine specialist from Saudi Arabia. I met you 6 years ago in a conference in Riyadh. In your presentations, you showed us a picture of a group of stones arranged in a very beautiful manner. Can I get that picture, please?'

The picture in question captured an art installation by the British outdoor sculptor Andy Goldsworthy. I chose it as a metaphor for general practice and primary care. Using simple materials, and applying a pattern, with imagination, creativity and purpose, he made something beautiful. I have created something similar myself (Figure 1). The French mathematician Poincaré wrote:

*'The scientist does not study nature because it is useful to do so. He studies it because he takes pleasure in it because it is beautiful. If something were not beautiful it would not be worth knowing and life would not be worth living. I am not speaking of course of that beauty which strikes the senses, of the beauty of qualities and appearances. I am far from despising this, but it has nothing to do with science. What I mean is that more intimate beauty which comes from the harmonious order of its parts, and which a pure intelligence can grasp ... Intellectual beauty, on the contrary, is self-sufficing and it is for it, more perhaps than the future good of humanity, that the scientist condemns himself to long and painful labours.'*¹

Much of science has developed in this way, reducing disease and other phenomena to their component parts, but this is not the way of general practice and primary care. While scientists break things down, practitioners construct. One of the privileges of general practice and family medicine is the opportunity to look after a whole population, whether geographically defined, or a list of people accessing health care at a particular place:

*'With great effort any doctor can get to know all his patients, even in a city with a high migrant turnover. Only thus can he learn to think in terms of a responsibility not only of the patient sitting in the surgery, but to the whole population, for whose care he is paid and for whose health he is responsible. He can then see his role as the ultimate custodian of the public health on a defined section of a world front in the war against misery and disease.'*²

The raw material is the consultation. With continuity and coverage a pattern can be wrought. For individual patients, the serial encounter builds knowledge, experience, confidence, and trust, to cope better with life's problems. For the population, audit



Figure 1. Every stone is different (Watt).

and the measurement of omission are the keys to equitable care. For the future good of humanity, practitioners take long and painful labours. The effectiveness of primary care depends on the 'harmonious order of its parts'. Primary care is a social construction, made of ordinary materials, mostly men and women, and beautiful in its own way.

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