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A journey into the humanitarian side of general practice

Last year I attended the inaugural Preventing Overdiagnosis Conference (PODC) in Boston, Massachusetts, US. A scientist by nature, I soaked up the evidence on the threat of overdiagnosis in its many forms and met famous doctors and researchers. I got home and told the local clinical leaders all about it and we are using what I have learned to shape local practice. Great.

This year my experience at PODC 2014 in Oxford was very different and serendipity led me in another direction: down an avenue of medicine not so well known to me. It is the humanitarian side of medicine, where numbers needed to treat, clinical guidelines, and risk reduction analyses are subconscious. It is the side of medicine that considers (and researches) compassion (‘to feel together’), resilience (evolving self-care), holism, developing trust, and the art and creativity of practising medicine: the sort of stuff that is being torn away from modern general practice.

Key to this awakening was a delegate called Dr William House* who I met early in proceedings. Our paths crossed many times over the conference. When he spoke, people listened, and before long there was a bit of a buzz going round – ‘have you heard the older guy in the green jumper speak?’

One workshop considered the sad state of affairs in Norway where, of 40 000 residents in elderly care homes, 15 000 are on antidepressants despite there being no scientific evidence of benefit in this group. We heard that prescriptions are reflex responses by GPs to displays of sadness, often with no medical assessment.

I wondered aloud that if I was having a busy and stressful day and I was rung by a care home because ‘Mrs Smith’ was tearful, how would I react? Certainly not in the way William reacted. He suggested methods to empower the most junior care home staff to connect with the residents, to find out what was the matter, to understand, and to try to help. Use the local volunteer service to engage the residents as people, play them music they used to enjoy, get to know them. Predict and work against the feelings

of ‘lost in the middle of a crowd’ that so often befalls these folk. Sounds better than an SSRI doesn’t it?

William is a retired GP and Chair of the British Holistic Medical Association, which produces a thrice-yearly *Journal of Holistic Healthcare*. He told us vignettes of completed projects that utilise the arts to help people help themselves (resilience). In one experiment, a nurse-turned-novelist sat in on a GP’s surgery. She wrote a couple of lines on her impression of the doctor and the patient for each consultation. When shared, there was amazement from both doctor and patient of the intuition displayed by the writer, and barriers were broken down.

Another workshop wanted us to explore ‘the most dangerous ideas we could imagine to promote individualised care’. William suggested ‘Arts before science in medical practice’ and advocated that doctors should try to think more like artists than scientists. He maintains that there are artists in all of us and that the understanding and ability to communicate the complexities of medicine can sometimes be done more easily and evocatively by paintings, poetry, and sculpture than the spoken word.

I love science, evidence, and data and using them wisely. But I have been struck by this human angle. We have had target-driven primary care in the UK for 10 years now and it is not going away. We must pursue this artistic side of medicine so we can connect with the person who is the patient. So we can care again.

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**With permission from Dr William House.*

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