



*“Some consultations feel like crossing the Sahara — featureless, exhausting, but with the occasional oasis for respite.”*

### Run for the (consultation) hills

Over the years, a number of models of the general practice consultation have been written up in the literature. In 1979, for instance, Stott and Davis described the ‘exceptional potential in each primary care consultation’.<sup>1</sup> Personally, I reckon this is a bit over-optimistic and, if it had been me, I would have written about:

*‘The exceptional potential in most consultations, except on a Friday before a long weekend, or when I have a bad cold.’*

Roger Neighbour, in *The Inner Consultation*, talked about the importance of connecting (pre-empting the world wide web by a decade or two) and housekeeping.<sup>2</sup> And then there was Helman’s Folk Model from the early 80s, an anthropological view of the consultation where illness is viewed as a social process, and whose name always reminds me of one of those replica medieval tourist villages in Scotland.<sup>3</sup>

I came across an article recently that described a new framework for the GP consultation.<sup>4</sup> In it, the author analogises the consultation to a hill to be climbed, (discovering the reason for attendance and defining the problem), summited (sharing understanding and muesli bars), and descended (providing an explanation and managing the problem). He mentions variable gradients and terrain, but, disappointingly, doesn’t recommend appropriate footwear or the need to carry an emergency beacon.

It made me think of the variety of other geographical landforms that could represent the consultative challenges of day-to-day general practice.

How about the ‘Grand Canyon consultation’, which commences with a vertiginous prelude while perusing the last consultation notes, and then an immediate and precipitous plummet into the patient’s issues (sometimes in the corridor on the way to the consultation room). The steep climb out the other side can be just as tricky.

I not infrequently experience ‘Mulu Cave consultations’, many without any illuminating aids. These speleological expeditions involve a lot of fumbling around

in the darkness, encountering dead ends and blind alleys, and feeling enveloped by an overwhelming sense of uncertainty and having lost one’s way. But usually the proverbial ‘light at the end of the tunnel’ eventually appears and the patient and I emerge into the daylight at the other end, with skinned knees and a newly-found mutual understanding.

Although some consultations feel like crossing the Sahara — featureless, exhausting, but with the occasional oasis for respite — others feel like an amble through a wildflower meadow. In truth though, especially with our patients with chronic disease, our consultations are more a traverse of the Alps — a long journey together of ups and downs, occasional scree slopes and glaciers, but interspersed with long stretches of gentle terrain.

So I reckon the ‘consultation hill’ model of the general practice consultation could catch on, but (with respect), the authors need to broaden their scope. That said, it’s a crowded market in the consultation framework business and not everyone is into hillwalking, even if the blisters are metaphorical.

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