out to his family doctor in a not unfriendly letter. In fact I’d thought of his family doctor many times since then and wondered what I’d have done in his situation. Would I have let my patient die alone in a cold, damp house with no one to love him, or would I have resorted to unethical subterfuge, risking my professional reputation — or what? In fact I’d come to think of this family doctor as a very brave and honourable man, a man who put his love for a fellow human being above the accepted standard of ethics of his time. And as a result, unintentionally but happily, we, the family doctor and I, had kept the whole incident out of the public eye. What headlines it would have made in the Manchester Evening News, or even worse, The Daily Express: ‘NO BEDS FOR THE DYING UNDER THE NEW NHS’ — or something like that.

On Christmas day after the turkey dinner, I went over to the old gentleman and said, ‘It’s nice to have you with us again, this time looking so well and healthy.’

‘Yes,’ he said with a distant and slightly glazed look in his eye. ‘It’s much better this time.’

‘This time?’ I queried.

‘Yes,’ he said. ‘This time. Last time they pretended it was a land fit for heroes but we all know it wasn’t. But this time, he continued waving his arms in the air in an expansive gesture, ‘this time, with an NHS for ordinary folk like me, this time there really is hope.’

‘I’ve never met your family doctor’, I said, bringing his thoughts back to the present. ‘Do you think you’d be able to tell me what kind of man he is?’

You mean what’s he like as a doctor? he said with clarity.

‘No’, I said. ‘What’s he like as a person? What’s he like as a man?’

‘Well,’ the old man said with a benign smile, ‘I’d say he was the most gentlemanly gentleman I have ever met.’

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I did not expect to find myself sat in a seminar room at the 2015 conference wiping away tears; I could tell I was not the only one. Some say everything happens for a reason, and the session had just begun when I realised I was in the wrong room. As it happened, myself and a room full of GPs were given the privilege of listening to the real-life story of a patient journey told with such composure, courage, dignity, eloquence, and grace, despite the harrowing experience described, that I was completely humbled. The silence was pin drop as the audience was moved in a manner I am sure no one anticipated when taking their seat. On an unexpectedly warm day in Scotland, I was surprised to find I attended a conference wearing the badge of a professional-entitled ‘doctor’, to be mentally and emotionally jolted by a stranger, in a matter of minutes, to consider not only that role but also myself afresh.

It is so easy to hide behind that badge — to sit in a surgery and control your connection with the person sitting in front of you asking for help. To allow the scientist in you to dissociate from the messy world of emotions and true empathy. I have been guilty of that more times than I would like to admit, but in doing so let down not only those who come to seek assistance but also myself. We limit ourselves, and thus limit our patients.

This session at the RCGP conference showed the power of transformation possible for both doctor and patient within a GP relationship built on partnership and patience. As a formerly reluctant GP I know being a GP is not for everyone. However, in my opinion one of the greatest assets of the medical undergraduate curriculum is the time spent in primary care, where patients, not to hide behind the mask of science, and to cherish your humanity even in the most disorienting of moments, you and your future patients will most certainly benefit in ways you could not have envisaged.

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