Out of Hours

RCGP Annual Conference:

a reflection on reaching beyond the mask

ADDRESS FOR CORRESPONDENCE

Stanley Jeffs

3 Warwick Crescent, Stratford-upon-Avon, CV37 6YP, UK.

E-mail: stanleyjeffs@yahoo.co.uk

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, risked 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.'

Stanley Jeffs,

Retired GP, Stratford-upon-Avon.

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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 overtake the humanity 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, if only students are open to harnessing the unique value and opportunities in this. As stated by Professor Frede Olesen of Aarhus University in Denmark in his inspirational lecture:

*'... the value of the personal trusted doctor should not be forgotten in the medical community ...' and: 'society should learn that the doctor may often be a cheap, strong drug when patients must learn to cope with disease and symptoms.'*¹

Primary care is the perfect setting for students to learn how to live comfortably with

ADDRESS FOR CORRESPONDENCE

Anujeet Panesar

Keele School of Medicine, David Weatherall Building, Keele University, Staffordshire ST5 5BG, UK.

E-mail: a.panesar@keele.ac.uk

uncertainties. As the psychiatrist Stephen Bergman (using the pseudonym Samuel Shem) summarised in his controversial and still important book first published in 1978:

*'Connection comes first. This applies not only in medicine, but in any of your significant relationships. If you are connected, you can talk about anything, and deal with anything; if you're not connected, you can't talk about anything, or deal with anything. Isolation is deadly, connection heals.'*²

Which rings true regardless of specialty, but I strongly believe general practice is an ideal environment in which to develop and hone these skills.

As a practising GP (6 years post-CCT) I am beginning to understand how students may be supported in primary care, where opportunities abound to learn about such nuances, in the earliest stages of their medical career. The one piece of advice I would give is: please immerse yourselves in opportunities for learning in a primary care setting in order to enlighten yourselves.

If you learn to build relationships with patients, not to hide behind the mask of science, and to cherish your humanity even in the most discomfiting of moments, you and your future patients will most certainly benefit in ways you could not have envisaged.

Anujeet Panesar,

GP and Clinical Teaching Fellow, Keele University, Keele.

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