"A society’s health-seeking behaviour is in fact the product of the clinical practice of their doctors. Fanning health anxiety makes patients return and return."

**Reducing general practice workload**

With Brexit, normal politics is suspended and no new resources are coming to general practice any time soon. We are in the midst of a workload crisis and the worse it gets, the more difficult it is to recruit — so down and down we spin. The current clinical practice of us GPs is responsible for the increasing demands on doctors, hospitals. So medicalising the human existence is just good business! This explains the observed diverse and divergent health-seeking and beliefs of different nationalities. Antidepressants: most of our observed benefit of antidepressants is merely the placebo response, with any actual benefits being marginal or non-existent. Yet prescribing antidepressants has a far-reaching cascade effect on our time. Likewise, for sleeping tablets and benzodiazepines; opioids and gabapentinoids have an equally desperate research base but prescribing is increasing, consuming vast quantities of our time daily.

And this effect is ever more complex than mere prescribing. How much work does one hospital referral create? How much of our time is spent managing minor abnormalities found in unnecessary blood tests and other investigations? Yet prescribing, referral, and investigation rates vary wildly between doctors working in the same area and can only reflect differences in clinical practice, not burden of disease. And here is another truth: there is too much medicine and less medicine is almost universally better medicine. Iatrogenic harm is the spectre in today’s world of polypharmacy for all.

So the debate about workload in general practice should in reality be a debate about clinical practice. If we want to reduce stress and workload the solution is in our hands only. We need to prescribe less, intervene less, and workload the solution is in our hands only.

**REFERENCES**