A perfect example of a new-fashioned GP

I have always enjoyed the obituaries. A life well lived, a career in service of others, all summed up in eight sentences. One week a particularly kind face caught my eye. He was, according to the obituary, ‘the perfect example of an old fashioned GP’. Single-handed for 30 years in inner-city Liverpool, he ‘knew most of his patients personally, and regarded them as his friends’. He was known for his ‘conscientiousness, meticulous methods and attention to detail’. This was the kind of GP I was trained to emulate.

It started me worrying about what my obituary would be:

‘She lived about half an hour away from her patients, but convenient for her husband’s workplace. She knew very few of her patients because, being part-time, they always wanted an appointment on a Wednesday because that was their day off too. She tried to be meticulous, but with 100 prescriptions to sign, 40 letters, and 30 results it was hard. She didn’t manage more than a few years in each place, until her marriage broke down and she burnt out, then she was a cashier at the local supermarket for an awfully long time …’

I know I’m being unfair on myself, but sometimes it feels like trying to force a round peg into a square hole. I have been brought up to believe a ‘good’ GP lives and works within a community for generations. They remember when Mrs Brown gave birth and they meet her grandchildren too. They have time and compassion for everyone. They pay attention to every result and letter, delegating nothing. They sit on committees and run their own practices.

I want to be an ‘old-fashioned GP’ but, as the obituaries show, these GPs are usually men and have often left behind wives and children. I hope for their sake they had ‘old-fashioned wives’ who did the laundry and washing. I’d like to have one of those too. I’d like not to have presentations to prepare for CQC visits, or an ageing population with multiple morbidities. Sometimes I’d like not to bother with following the latest guideline or with shared decision making. It would be easier and less time consuming to be paternalistic.

The truth is, I am trying to attain the impossible. I cannot be an old-fashioned GP and it would be wrong to try. However, the conflict between the values I hold and the reality of the life I live is a long-recognised cause of stress. I suspect that I am not the only one. We have been trained to be different, to do a different job.

It’s time we took a long hard look at our values. It is important to be compassionate, while giving patients the tools to look after themselves. We can’t be available all day every day, but with clear note-keeping and well-functioning IT our team can. We don’t have enough doctors to read every letter and answer every phone call, but we can lead and support a team who do. We need to value a humility that recognises our own vulnerabilities, and then look after ourselves. We might not work in the same practice our entire career, but when we move we must take the lessons learnt with us and share good practice freely.

I won’t stop reading the obituaries, but will keep in mind one I can really aspire to:

‘She was the perfect example of a new-fashioned GP. After qualifying she worked in many different practices, each time bringing the best practice with her and using this to improve the life of her colleagues and patients. Like most of her generation she worked less than full time, enabling her to continue her interest and enthusiasm in the science of medicine and mindful of the need to look after her own mental health first before attempting to help others. She was known for her teamwork, leading a multidisciplinary team to achieve the best possible service for all patients and working at all times to enable patients to become experts in their own health.’

I’d be more than happy with that.

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DOI: https://doi.org/10.3399/bjgp17X694181

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