



*"In trying to understand our interactions with patients, I've enjoyed using consultation models drawing on psychotherapy, Buddhist meditation, method acting, and chaos theory, which feels about right."*

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## That's irrelevant

*'What do you need to know to be a GP?'*

It's a question that I find difficult to answer. We might agree that a knowledge of physiology, anatomy, and pathology are relevant. I'm still pleased that I can remember that the recurrent laryngeal nerve hooks around the arch of the aorta, and when, one day, I see a hoarse patient after thyroid surgery, I might accidentally do an inappropriate little dance of joy. Chemistry is still useful to me, when I'm remembering about stomach acid and medications. Physics helps me out with the lens of the eye and the risks of radiology. We all know about statistics now, and, even while we keep misunderstanding *P*-values, we mostly see that we should know this stuff.

Increasingly, as I've managed more complex mental health, I've found that the psychology I've picked up along the way more and more useful, and found myself applying it to behaviour change, and helping with all sorts of interpersonal challenges in life.

I've been inspired by GPs drawing on literary theory<sup>1</sup> to make therapeutic use of the stories patients tell, and the metaphors they use. I've discussed theology with some religious patients as a way of enlightening their experiences. In trying to understand our interactions with patients, I've enjoyed using consultation models drawing on psychotherapy,<sup>2,3</sup> Buddhist meditation,<sup>4</sup> method acting,<sup>5</sup> and chaos theory,<sup>6</sup> which feels about right.

In my work in Aboriginal and Torres Strait Islander health, I've had to learn some pretty shameful Australian history about the forced removal of children from their families and people from their lands, to explain their rational mistrust of non-Indigenous institutions. Wherever we work, it's likely that we draw on a local history to help us understand the communities we work in.

Sociology has helped me to understand that the current circumstances that people live in, and which contribute to their health, are caused by structural societal issues, rather than individual personal failings, which leads me on to an awareness of

policy (and the related dirty word, politics) to improve the health of my patients.

We regularly bump up against philosophy. Ethics are clearly very useful to us in our day-to-day work. We make use of the philosophy of science in understanding how we generate the knowledge on which our practice applies, which can very easily lead us to explore epistemology together — how do we know what it is that we know — if we are not careful.

It's not that I know more than you — I can assure you that's not true — or that each of us know everything about all these fields. As generalists we are both pragmatic and curious about people and the world they live in, so we seek out knowledge that helps us to do this better. Each of us will never feel we know quite enough, but all these fields are relevant to general practice.

Are there any areas of inquiry that might be irrelevant to general practice? The only answer I can come up with is astronomy. I'm not sure how I could apply that to my work. Anyone who can show me otherwise, well, you'd be a complete star.

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