



“When we claim that the patient is an essential member of the team, it must sometimes feel like their role is akin to the role of the ball on a football team, kicked back and forward between the team members in search of that elusive goal.”

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Teamwork

Teamwork is bit like the motherhood and apple pie of medicine. It is unquestionably A Good Thing. Yet, like motherhood, there’s no instruction book, and like apple pie, it’s rarely as good in real life as it looks like on the packet.

We certainly need teamwork. Even for a patient with just one chronic disease, the requirements for managing and monitoring often fall outside any individuals mix of skills, and always fall beyond the time we have available. Now that multimorbidity is the most common chronic condition,¹ teamwork in health care is even more essential.

Being a patient with a chronic disease is hard work; not just having the disease itself, but undergoing its management.² Being introduced to yet another member of the team, having to manage yet another set of appointments can be draining. When we claim that the patient is an essential member of the team, it must sometimes feel like their role is akin to the role of the ball on a football team, kicked back and forward between the team members in search of that elusive goal.

Teamwork invites us to use other recommended buzzwords, like collaboration, patient-centred, and empowerment, and like other buzzwords, they are sometimes used to avoid doing what they suggest. The active inclusion of the patient in the group of people we think of as ‘the team’ is not just crucial, but the patient has to be at the centre of the team, not just ‘educated’ to perform all the guideline-recommended interventions.

There are moves to achieve this, with the use of technology, and patient self-management programs. The risk is, though, that these become ways of disconnecting the patient from care, and letting them fend for themselves.

Our aim should be to see the patient. This doesn’t just mean giving them whatever they want (although we should probably try this more often than we do!), but offering a concierge service. Navigating a health system is complex, managing multiple health conditions is complex, and meeting

all those different team members with different names and different roles, is difficult. Managing this is much easier when you have a relationship with one or two of the team. Patients will trust them to guide them around the system and to introduce them to other team members. But the central component is the relationship with someone on the team, not just the presence of a team.

This is intuitive to many of our patients already. They ask if you can do psychology for them, rather than see another anonymous psychologist. They’ll ask to see the nurse if the doctor was rude to them last time.

Our team needs to be based on our relationships with each other, but predominantly with the patient. Often they are based on transactions; the intervention each team member will perform on a passive patient.

Ultimately our aim as a team is to allow the patient to make decisions that are right for them, rather than to do what they are told. Having control over your life is important for health, and sometimes as health professionals we accidentally remove some of that control.

Perhaps if we are to continue our football metaphor, the patient is the star striker scoring goals, supported by the rest of the team providing solid defence and creative play on the wing.

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