

## A letter to my future self

*'When I am an old woman I shall wear purple;  
With a red hat which doesn't go,  
and doesn't suit me.  
And I shall spend my pension on brandy and  
summer gloves;  
And satin sandals,  
and say we've no money for butter.'*<sup>1</sup>

Jenny Joseph's words echoed around the small room. Although I read them loudly, the frail form in the bed strained to hear them. The weak sunlight streamed through dusty windows and chintz curtains, highlighting her skinny arms and wizened face, and illuminating some early daffodils on the bedside table.

It was my first home visit as a GP trainee. Predictably, my 6 months in emergency medicine had ended with a run of night shifts. The harsh surrealism of that environment, which, even at 3 am, heaved with the mentally disturbed, intoxicated, or frightened elderly, could not have formed a greater contrast to the peaceful comfort of this old-fashioned room. It was a parallel universe.

### VALUING THE BANALITY OF GENERAL PRACTICE

Like many of my peers, primary care was not the first route I considered. After 5 years as a junior hospital doctor the last night shift had been a significant milestone; the large glass of prosecco for 'breakfast' worth every admonishing glance. Gone were the days of ward rounds and pagers; of battling and begging for rota changes; and of struggling to keep on top of ever-changing patient lists — and, more importantly, ever-changing colleagues.

I was not naïve about primary care. Inescapable media reports detailed the many rising pressures. Contrary to the sometimes glibly expressed sentiments of hospital contemporaries, I was well aware that I had not chosen the 'easy way out'. It was not easy to be a 'good' GP.

There were doctors whose appointments



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were booked months in advance; whose surgeries regularly overran but patients waited patiently, knowing they too would receive that level of care. They still received chocolates and cards at Christmas from grateful families, often for acts that seemed all too trivial. They epitomised the best of 'traditional' general practice, caring for patients as individuals, many of whom they had supported for years along the rollercoaster of their lives.

That was the sort of GP I wished to become, and I had no delusions about what it might take to get there.

However, 2 weeks in, there were already joys. I had no doubt that as appointment slots shortened, CCT grew closer, or busy duty days, QOF points, and practice accounts became a reality, the impact of those joys would lessen. Mundane repetition dulling the edge of such fresh pleasures. Home visits would become an inconvenient interruption; lists of intriguing symptoms uninteresting; even the patients could become similar — just another case of hypertension, asthma, frailty, death. Somehow, I had to learn to value such banality.

### HOLDING ON TO OUR VALUES

As I walked back to the practice, the sun gently warming my cheek, I thought about the patients I had already seen. The Middle-Eastern woman with pelvic pain

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whose intractable complaints faded when I asked about her childhood, eyes filling with memories of sand and mountains and the family she had left behind; the parents of the 3-month-old whose expressions of fatigue had been replaced by grateful smiles and thanks a week later with the simple suggestion of lactose-free formula; and the successive stream of worried parents simply grateful for reassurance about their child's viral illness.

There were difficult consultations too. The anxiety I could not relieve or contractures of end-stage Lewy body dementia I could not alleviate. However, even these had positives. What privilege to be the confidante for worries and fears or witness the devoted husband who could not bear to let anyone else care for his severely demented wife, but was prepared to contemplate a nursing home on the sad recognition that he might one day 'cut corners' with her care?

The NHS is an incredible organisation. We take it for granted at our peril. The same is true for general practice. Irrespective of future pressures or changing workforce models, we must hold on to the values that make it special; the privilege of our relationships with patients and colleagues; and the mutual appreciation and respect that emerges from simply bearing witness to the existence and struggles of another. As the time goes by, I hope I will not forget the value of a few lines of poetry.

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### REFERENCE

1. Joseph J. Warning. From *Selected poems* (Bloodaxe, 1992). Scottish Poetry Library, 2019. <https://www.scottishpoetrylibrary.org.uk/poem/warning/> [accessed 5 Aug 2019]

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