Life & Times
Shut up and listen!

The above title does not represent an insolent new deputy editor being abusive to the *BJGP* readership, but a quotation from one of the elder statesmen of UK general practice. A previous chair of the RCGP and NICE, David Haslam spoke about his four rules: Shut Up, Listen, Do Something Useful, and Care. These rules are oft quoted, including in *BJGP Life* articles.[1]

This month's theme is continuity and communication. Listening, communication, even continuity can be difficult in the noisy maelstrom of pandemic practice. And when we make successful contact with others, good communication can expose disagreements, differences in values, as well as unrealistic or just plain difficult expectations.

A lack of visibility can make it harder to be heard and easier to ignore. Media images of mask-wearing healthcare staff rarely depict primary care. As it stands, it feels as if GPs have been judged 'in pseudo-absentia'. Sati Heer-Stavert calls us all to action, after a patient asks him, in a face-to-face appointment, when general practice plans to reopen.[2]

When an article in the *Financial Times*[3] appeared to suggest that family doctors may no longer be needed, Nick Berry responded. Galvanised by an unsatisfactory encounter with general practice, the journalist said the two roles of a GP are to be a trusted face and a gatekeeper to a rationed system. Berry argues in response that the role of a GP is, in fact, to deliver the vast majority of the country's health care.[4]

For many, long COVID is an illness that is still invisible. Those affected may not have obvious external stigmata but may be profoundly affected, and GPs have important roles of continuity and referral. Nicola Spiers reviews the current evidence.[5] The UK is world leading in having two large high-quality prevalence studies of COVID-19 (but this advantage is thrown away when politicians fail to listen to the findings). Listening to others, be they journalists, politicians, or even hospital colleagues can expose disagreements. Bhupinder Goraya invites us to treat disagreement with kindness in a spirit of appreciative enquiry.[6]

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Two articles this month concern how we receive and transmit learning. 'Knowledge work' is the work that clinicians do to find, create, and use knowledge in everyday clinical practice. Annabelle Machin and her colleagues explain the role of the WISDOM project.[7] And sometimes we need images to help us recognise useful phenomena. Have you ever looked at a cloud and seen an amusing likeness? This phenomenon is known as pareidolia. Laura Amarin and Camille Gajria tell us more about pareidolia in medicine.[8] Pareidolia has been intentionally used in radiology and pathology education. Educators take advantage of people's tendency to pareidolia to train students in detecting signal in noise, and pattern recognition. Can you think of any primary care examples? *BJGP Life* awaits your work!

Are we listening to our older patients? Madge McClary speaks out for a generation and articulates dismissive attitudes: *'On a recent visit to my GP's practice I was summoned by my first name only and thereafter this was substituted by "dear" and "sweetheart" … I was not asked how I preferred to be addressed.'*[9]

GPs involved in teaching undergraduate and postgraduate communications skills around the country still have a role in promoting respectful communication that is not lost when work pressure builds.

Reviews this issue look at the phenomenon of 'bullshit jobs',[10] and the legal and social background to telemedical early medical abortion.[11] These clearly have something to tell us about our work environments, if we care to listen.

'Shut up and listen,' encapsulates two duties when GPs aspire to be the advocate for the patient in front of them and patients in general: it is a duty to hear what the patient, the data, and society are saying, but it is also the duty to speak so as to be heard.

Andrew Papanikitas,
Deputy Editor, *BJGP*.
Email: andrew.papanikitas@phc.ox.ac.uk

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REFERENCES

1. Marsden J. *BJGP* long read: how to enjoy your consultations. *BJGP Life* 2019; **26 Feb:** https://bjgplife.com/bjgp-long-read-how-to-enjoy-your-consultations (accessed 14 Jan 2022).
2. Heer-Stavert S. The invisible GP. *Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/bjgp22X718433.
3. Cavendish C. It's time to stand back and ask what GPs are for. *Financial Times* 2021; **12 Nov:** https://www.ft.com/content/7819dc0c-b0c5-4ecd-82f1-e6ae5b1ddc7d (accessed 14 Jan 2022).
4. Berry N. What are GPs for, when the chips are down? *Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/bjgp22X718373.
5. Spiers N. Recognising and bearing the burden of long COVID-related disability. *Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/bjgp22X718361.
6. Goraya B. A call to charity. *Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/bjgp22X718469.
7. Machin A, Reeve J, Lyness E, Reilly J. Future doctors as knowledge workers. *Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/bjgp22X718397.
8. Amarin L, Gajria C. Some nebulous medical imagery. *Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/bjgp22X718409.
9. McClary M. 'What about us?' A pensioner's perspective. *Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/bjgp22X718385.
10. McKenzie-Edwards E. Books: *Bullsh*t Jobs. The Rise of Pointless Work and What We Can Do About it. Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/bjgp22X718457.
11. Papanikitas A. Books: *Early Medical Abortion, Equality of Access, and the Telemedical Imperative. Br J Gen Pract* 2022; DOI: https://doi.org/10.3399/bjgp22X718445.