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*“Yes, we diagnose and manage disease across all systems, we prescribe, we do prevention, but we also listen, provide witness, and see people without disease. All the key words there are verbs.”*

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## General practice not general perfect

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I'm a big fan of nominative determinism — that phenomenon when someone's name illustrates perfectly their work. With the passage of time, of course, I feel I am inevitably growing into my own role, but it caused a great deal of satisfaction when I could call myself a senior lecturer. As a house officer, everyone assumed that my career was more advanced than it actually was, and I had to resort to using the names of my colleagues. I was amused for a full 3 months being able to announce that I was 'The Reckless House Officer' after the consultant that I worked for. Medicine is full of names ripe for fun with nominative determinism.

It's not just people's names, though. Sometimes it feels like the terminology we use in medicine is entirely appropriate. I'm not the first to observe that health systems are stretched beyond capacity; wait times for appointments or procedures keep on increasing so no wonder the people we see are called patients. There are persistent petty interdisciplinary disputes about whether we should be calling them clients or consumers instead. Clients might receive a professional service from us, but in a networked world of computers, GPs may become servers, merely providing information and applications. Consumers, on the other hand, acquire or purchase goods or services, but with the implication that they use them up. Certainly there are days where I feel like the services I provide are a finite resource and I have nothing more to give.

And then there is our own job title. A wise cardiologist I work with once told a patient we were seeing, 'When doctors finish their exams, they don't go into perfect, they go into practice.' He managed to be both slightly corny and thought provoking. Describing what we do, especially in the messy world of general practice, to others is notoriously difficult. Yes, we diagnose and manage disease across all systems, we prescribe, we do prevention, but we also listen, provide witness, and see people without disease. All the key words there are verbs.

We only get to understand general practice through the doing of it, through the practice. There are activities in life that are

hard to understand just by reading about them — religion, parenting, and social media spring to mind — and general practice may be one of these. One of the recent innovations in health policy is understanding the importance of lived experience. It's easy to see that the design of service and policy benefits from having input from people who will be using, not just delivering, those services. This is essential for patient-centred care, whether it's mental health, disability services, or Aboriginal and Torres Strait Islander health in Australia.

But general practice may be another of these areas. The skill of what we do lies in the doing of it, and then perhaps reading, thinking, discussing, but then the doing of it again, just a little bit better. And that surely is the definition of practice! We don't do 'general perfect', but we can be proud of doing general practice — being good enough, and getting better each time.

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