Caritas in a cold climate

General practice is amazing. We care about the whole patient, family and community, the mind and the body. We are versatile and broad in both professional gazing. and skill set, celebrated in Yonder by Ahmed Rashid, who is approaching his 10th anniversary writing the column! Yet, this issue’s Life & Times articles describe the failure of society and policymakers to value general practice. I use value in two distinct ways: to value is to understand and appreciate both the beauty and appropriate uses of a thing; it also has a sense of quantitate weighing: to value is to attribute worth, usually in the form of money. Our articles also highlight that the care that is espoused in the RCGP motto, Cum Scientia Caritas.

We value caritas, but do our policymakers?

Simon Morgan relates the experience of new GP registrars in Australia to the survivalist game show ‘Alone’. New GP registrars face a range of similar challenges as their TV survivalist counterparts: isolation, uncertainty, a steep learning curve, and genuine fear. Tim Senior takes the survival challenge further. Not only is general practice already complex, fraught with professional peril, underappreciated, undersupported, and underfunded, but it has to cope with society’s failure to adequately resource and support other hospital and community services. Extended roles can be a source of added value for both practitioner and public, putting otherwise suppressed talents to use for the common good. However, the GP with extended roles that Senior describes here is also reminiscent of the ‘duct-taper’ described by David Graeber in his anthropology of meaningless work, Bullshit Jobs. So what has happened to the human and humane aspects of general practice, the Caritas of the RCGP motto? Ben Hoban suggests a reason why we feel helpless or overwhelmed by all that we face at work. It is that we are being human in a context in which humanity is routinely undervalued, and sometimes there are no solutions. Some of the distress is because we are too busy to be allowed to care and exercise the diligence that we aspire to. Some of this in turn is because the time and skills of general practice are not valued.

Nada Khan tells us that the 2019 Conservative Party manifesto promised an additional 6000 GPs. When it became clear that this goal would not be achieved, ARRS shifted the scope from meeting the manifesto pledge to instead increase the number of appointments offered in general practice by 50 million a year. The 20,000 alternative roles in practice to deliver those appointments were touted as helping beleaguered GPs, though the worry is now that these are instead ‘replacing’ GPs. Moreover this risks being done in a way that does not lessen but extends the day-to-day work and responsibilities of GPs. And while GPs are leaving, this has not been matched by an increase in job vacancies. This approach seems (to me) based on a fallacy that we do the easy stuff and refer the rest to specialists, as belied by the articles this issue.

Medicine has historically exploited this voluntary economy, often in the context of medical education but also in terms of charity work and professional representation. Louise Stone shares her reason for leaving a job and reflects that it has much to do with moral exploitation. ‘My entire career has involved donations of time and labour … over my career, I’ve noticed that pro bono expectations have metastasised.’ This meaningful, often rewarding, and slightly stressful work is valued enough to be expected, but not enough to be paid, either in time or in money. In Bullshit Jobs, Graeber suggests that many people elect to do meaningless but highly-paid work in order to have the time and financial security to volunteer in more meaningful roles. While general practice still has meaning, some aspects of our roles have started to pong, but the leisure and cash have not risen to offset this.

Caritas for our common humanity

Peter D Young takes issue with the idea that it is OK to always accommodate racism in situations where this might achieve a better clinical outcome. It’s complicated, and we should understand and reflect on that complexity whenever it arises, lest we sleepwalk into accepting racist attitudes as the norm. By contrast, Young recognises the value of diversity and importance that marginalised ethnic groups can attach to seeing someone who understands them (see also Yonder this issue). Gene Feder, Anwar Khan, David Jewell, and Sabena Jameel offer a family medicine response to the war in Israel and Palestine. They call on the Israeli and Palestinian people to recognise their common humanity, and at the very least respect healthcare spaces as sanctuaries for the sick and those committed to healing rather than to killing. They also recognise the traumas of conflict that can take generations to heal.

Caritas and the whole person

Elke Hausmann takes a deep dive into The History of Emotions, ‘… one of the most important topics for understanding contemporary life … we can use the insights from this relatively new discipline to understand what we actually mean by emotions …’. Hannah Milton summarises The Myth of Normal thus, ‘Modern life is toxic to our physical and emotional health and here is the evidence as well as lots of engaging personal stories to illustrate the science!’ Having been convinced about the effect of traumatic life experiences on health, she finds that Gabor Maté offers some ways to change that ill health.

We need some sunshine

Shakespeare’s phrase, ‘Now is the winter of our discontent …’ feels apposite as this issue’s articles describe the challenges of financial austerity, political indifference, sectarian hostility, and a 21st century culture that is toxic to mind and body. In the quoted scene, Richard III is quick to add that his team will turn this winter into ‘glorious summer’. General practice is amazing, as both a community of practice and as an academic discipline. As I read the articles this issue I am confident that if sunshine does not find us … we’ll go and find it!

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