



What stories should GPs be telling?



The following is an excerpt of the keynote address by Richard Flanagan to the 46th National Convention of The Royal Australian College of General Practitioners, Hobart, Tasmania, October, 2003.

Richard Flanagan's novels – *Death of a River Guide*, *Sound of One Hand Clapping*, and *Gould's Book of Fish* – have been published to acclaim around the world.

Some years ago I first went to New York City and found myself sitting in a cafe in Greenwich Village, a place of romance for a writer. In front of me was a *Village Voice*, the celebrated magazine in which so many great writers were first published.

I opened the magazine expecting to discover some marvellous new writing, instead, my eyes fell on a full page ad featuring a large photo of a cluster of dully good looking professionals with Starbucks crema complexions and improbable smiles like half gnawed Cinabon doughnuts, all clad in a uniform of white coats. The ad was for what was described as New York's leading clinic in vaginal and labial sculpting. I raised my head, looked about at several women sitting around the cafe and dropped my head in embarrassment. Were they feeling vaginally unworthy?

On relating this strange tale to some New York friends I was told there was indeed a market for this surgery. Some women feel the need to have labia more in accord with the digitally cropped conceits that proliferate in contemporary pornography. In this way, a bizarre illusion becomes a strange reality. Many people make money, both out of the image and out of its reproduction in

human flesh. In this way, not only are our lives expected to conform, but now also our genitalia.

To a writer this is shocking, but not so surprising. What you learn as a writer is that reality is never made by realists, but by dreamers, and dreams can be as readily nightmares as pleasant fantasies. A labial sculpting clinic is one future for medicine; a future where we live as self obsessed individuals prepared to waste large sums of money and expertise on forms of mutilation deemed desirable.

There are, of course, other futures for medicine; ones in which we might find meaning and hope in other people, in communities, rather than confusion and insecurity in our own individual bodies and minds. For that future to be realised we need different stories about doctors, and different stories told by doctors.

I write stories, but doctors witness stories. Through their rooms and the homes of their patients passes the world as it is born, thrives, wilts, wanes, and perishes. Such intimate knowledge of so many lives is afforded few of us: tales of birth and death, of courage and frailty. Doctors are permitted an understanding of humanity that is very large.

Young doctors have theories. Old doctors have stories, and these stories, large,

sad, funny, vulgar, touching, tragic, seem to me so completely full of life. Doctors see bodies slowly fail us; see the flattening buttocks and sagging flesh beneath the beautiful clothes and money; see bonds of human affection that can shame one with their unquenchable largeness.

Yet, for a group who know so many good stories, doctors tell very bad stories about themselves. In the public mind, doctors are associated with one story and one story only, that of money. I don't need to tell you what a bad story this is.

This story of money does not describe the best of what doctors are and do. Yet repeatedly, general practitioners allow themselves to be defined in terms of stories about money. That this story diminishes GPs in many ways is obvious. Worse yet, it makes the corporatisation of medicine look a good thing in the public eye. You go to a medical centre, are bulk billed, and thus, in the public's mind, not ripped off. You are shunted off from what becomes little more than a transit lounge between several other centres for further technological treatments: pathology tests, radiology reports; minor, possibly pointless treatments.

That the patient, in spite of being bulk billed, ends up paying more, is often being pointlessly over serviced, and that

society suffers the problem of soaring medical costs, appears irrelevant. Patients feel that they have been properly treated in a fair way in accordance with the images of high tech procedures they have been fed by the media.

In this way, GPs have become caught in a cruel paradox. When soaring medical costs become a matter of public concern, GPs are often blamed for their greed. Yet they witness the ongoing erosion of their incomes, and the decline of the status of their profession both within the medical community and outside of it.

Their fate is melancholy: increasingly their work is being replaced by that of the wage labourer GP in medical centres. Such medical centres tend to be run by big businesses, who will over time do what big businesses always do in order to maximise their profit: seek to reduce their labour bill. General practitioners will be expected to work more for less. This ought to be of concern to you, but my concern about this possible future is different.

It stems from my belief that we must seek to reinvent our cities and towns as true communities. We can only realise our dreams, and if our dreams are ever more relentlessly those of individual perfection, of a botoxed faced future, where no one looks old, but it is impossible to laugh or cry either; where our vaginas and minds are all conformed to dull ideas of puerile taste, then our future looks very bleak indeed.

I think we ought to dream a little differently, not of individual satisfaction, but of social meaning and in this GPs can play a significant role; they can demonstrate that health is as much a consequence of friendships, of civility, of trust, as it is of medication and surgery.

If, as GPs, you want to do something more than playing the part an automated phone exchange plays in modern communication, more than placing patients on a technological assembly line of pathology, specialist opinion, surgery and treatment, you will need to demonstrate it in your work. You will need to say publicly what

you say privately: that the nation doesn't suffer spiralling health costs because of the work of GPs but because of the under utilising of GPs, that far from being the nub of the problem, GPs might just be the solution.

General practitioners will need to question and perhaps end their inexplicable loyalty in this debate to procedural specialists and say it is those who are exploiting the system and whose costs need reigning in; that there are some earning millions a year for procedures that could – and might better be – taught in TAFE.

Unless you end your professional silence, until you can speak honestly to the Australian people, and tell them that the critical costs in health care are technology and specialists – and that perhaps these two sometimes conspire together to create needs where there would be no such needs if we had communities where people felt less compelled to be vaginally sculpted – you will continue to be the scapegoats for the growing crisis in health care.

You will also need to present stories of your achievements in being part of communities, as well as dreams of what our communities might look like in the future.

You need to say how the pandemic of loneliness cannot be solved by ever more expenditure on new generation pharmaceuticals but demands that we address the terrifying isolation of man from man that our economy increasingly demands. The epidemic of obesity and its consequent health problems demand we make community and not elite sport our priority, and design cities around walking and community and not property speculation. You need to say how the ferociously widening abyss between rich and poor affects our health, and talk of how this might be addressed.

Alternatively you can pretend that things will be as they are, that events make you and your fate, and not the other way around. However, this is not so. Others are out there dreaming of futures where they become very wealthy individuals owning shares in large chains

of this or that specialised branch of medical care. To not have some large stories of your own, is to hand over the future to those who have other stories; a nightmare world in which you are reduced to selling package tours of medical technology to those still rich enough to afford them.

Whether you are a writer or a GP, it is not possible to avoid shaping the future. The question is only whether we shape it by our indifference, our cowardice, our neglect, or whether in whatever small ways life allows us we seek to find a new and better story than that which I stumbled across in the Village Voice several years ago.

Of course, it is difficult to say how any of this might be achieved. The one certainty is that to continue on hanging on to old ambitions, hoping someone might love you for achievements only you but not they know, is to doom yourself to an inevitable and dramatic failure. As you GPs say to a smoker advised to give up the fags: it is, of course, your choice.

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