This mirror has two faces

There is possibly no disease with greater impact on a patient, their family, and the community than a psychotic disorder. While other conditions might give rise to more florid biochemistry and organ system breakdowns, all general practitioners are familiar with the chaotic bewilderment that psychosis visits upon their patients and those who love them.

This issue of Australian Family Physician seeks to update readers on the diagnosis and management of psychotic disorders in general practice, for that is where psychotic patients receive most of their care. Keks and Blashki\(^1\) point out that, for the acutely psychotic, frightened patient, the familiar face of a trusted GP can be an important management tool. O’Connor\(^2\) refers to the diagnostic value of a GP’s familiarity with an older person’s history and family carers, while Inglis and Kulkarni\(^3\) emphasise the GP’s role in maintaining the patient’s physical health and liaising with local resources, scarce though they might be. Pawsey and Castle\(^4\) quote Australian research showing that 80% of people with a mental illness had seen their GP in the previous year. And all GPs know that – when psychiatric services cannot respond – you feel pretty much on your own.

Dealing with psychosis has a great impact on GPs as well. From the frantic disruption of an afternoon’s clinic while a bed is found for a suicidal teenager through to the real risk of physical harm from a delusional patient. Beyond this, there is the distress of watching a person about whom you really care descend into the grips of a relapsing psychosis.

Attempts to improve the support of GPs have included promoting better communication with psychiatrists and making consultant psychiatrists easier to find.\(^5\) Foulds\(^6\) also assists us by pointing out what an important role the family plays in helping their family member recover and avoid relapse. Too much family involvement and the patient can be driven to relapse. No-one is better placed than the GP to advise the family on the appropriate level of their involvement for each stage of the patient’s illness.

A common lay misconception about schizophrenia is that it refers to having a split personality, in the style of Robert Louis Stevenson’s Jekyll and Hyde. This image is conjured up frequently by the media and it adds to the misunderstandings and marginalisations that bedevil people with mental illness.

The Jekyll and Hyde duality does serve, however, to illustrate one of the greatest challenges confronting general practice at the moment: the tendency of some GPs to blithely welcome medical students into their practices and then to regale them with diatribes against their chosen profession. Evidence is emerging from Australian and international medical schools and vocational training programs that exposure to these GPs is having a negative effect on young graduates’ interest in becoming a GP.\(^7\) No surprise really; who would want to emulate the career path of someone who is plainly dissatisfied with what they are doing? Which raises a further question: why would a GP who is overworked and burnt out want to turn new graduates away from general practice?

Student placements are the ideal opportunity to encourage these pluripotential pupils in considering general practice as their preferred career choice. Many GPs – particularly those who practise in rural areas – have figured out that the young students who are placed briefly in their clinics may well become the registrars, associates and partners who will eventually occupy the room next door. These GPs present themselves as enthusiastic, inspirational role models and their clinics as comprehensive centres of clinical excellence. These GPs also seem to be more successful in recruiting the next generation of colleagues.

The rapid growth in Australian medical student numbers is placing an increased impetus for all medical practitioners to teach within their community based practices. After all, that is where the vast majority of medical care takes place. Those GPs who seek to disparage their profession need not apply.

References

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