Generalism in the specialisms

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The theme of this month's *Australian Family Physician* – the management of wounds in primary care – is a good example of general practitioners striking a balance between their clinical competence and the exigencies of daily practice. There is a significant amount of skill in deciding which of these to manage ourselves and which to refer to another practitioner. Those decisions are not as simple as they might seem.

Sometimes the decision is obvious: it is in this patient's best interests to have their problem managed by another practitioner. Few of us would repair a ragged laceration on a child's face without first considering if there was a more skilled operator within reasonable referral range, especially when patient expectations of a good outcome increase in parallel with the availability of alternatives. If you have the best pair of hands in the area, that's relatively easy. Skill and demand – not geography – are the key determinants of the service mix each GP chooses to provide.

At other times the rationale is less evident. Am I sending this patient off to a surgeon simply because the patient demands it, in order to get a better outcome, or because I haven't got either the time or the confidence to do the job myself? Nothing decays faster than underutilised skills, except perhaps the confidence to use them.

The current growth of 'proceduralism' is a real challenge to the generalism of comprehensive medical care. Perhaps it sets us on a course back to the days of the barber-surgeon doing repetitive manual work at the order of the aristocratic physician, divorced from the decision making processes that engage both physician and patient. Spending all day removing skin lesions or hanging onto the blunt end of an endoscope must narrow the view, whereas incorporating these highly developed skills into a full range of primary care services can only enhance the doctor-patient relationship. For a discipline that defines itself by its 'provision of primary, continuing, comprehensive, whole patient medical care to individuals, families and their communities', any abandonment of generalism spells bad news for general practice, as does the loss of the procedural skills necessary for comprehensive care. In addition, the trend among specialist groups to more limited, complex care makes it more important that we have well trained generalists.

At the other end of the scale, the GP confronted by a patient with a skin ulcer needs to decide if there is not another member of the primary care team who is more appropriate to manage the problem. It is no accident that the articles on skin ulcers in this month's issue are written by nurses. The ongoing management of skin ulcers is an area of nursing expertise which, if you are wise enough to have a well trained practice nurse, can be delegated appropriately while you get on dealing with the more complex medical presentations.

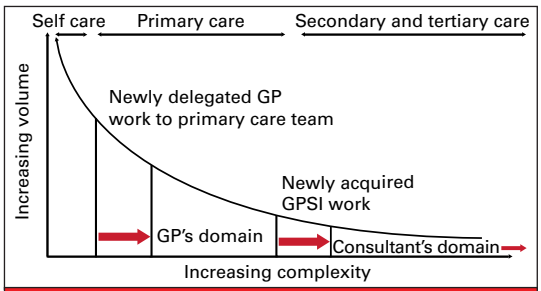

Figure 1. Shifting domain of the GP

Some of these concepts are captured in *Figure 1*, which was originally conceptualised by Professor Jim Dickinson, now in Canada. It shows how the domain of the GP currently occupies a substantial slice of patient presentations. The GP who is competent in the more complex aspects of medicine can advance to the right of the diagram, occupying the territory that has been vacated in many parts of the country by consultants who have become increasingly subspecialised. Ideally, the GP takes their generalist paradigm with them as they advance into their areas of special interest.

At the same time, the GP who is shifting to the right can wisely delegate the common and less complex aspects of their work to other members of the primary care team, or even the patient and their family. Most of us are doing this already with such things as blood pressure checks, wound dressings, Pap tests, lifestyle counselling and vaccinations. And although the area under the curve acquired by GPs is less than that 'given up', it has a higher relative value and should be funded as such.

On the subject of new approaches to every day issues, we will soon be launching our new web casting service – 'AFP-Audio'. If you don't already own an MP3 player – or you can't borrow one from a cohabitating teenager – here's a good reason to get one. Each month, interviews with *AFP* authors will be available to download. Full details will be available at www.racgp.org.au.

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