

GENEVIEVE YATES

Understanding and accepting the limitations of our knowledge makes us better doctors.



Coming to terms with how little we know

If patients want a GP with excellent theoretical knowledge, I recommend they seek out a GP registrar who is about to sit, or has just sat, the Fellowship exams. Breadth-of-knowledge-wise at least, for most of us, it is all downhill from there.

“I may know less about more nowadays, but I’m happier than I’ve ever been. Perhaps ignorance is indeed bliss”

In my medical educator and RACGP examiner roles I spend a lot of time working with GPs in the peri-exam phase of their careers. I’m constantly impressed with how much ‘stuff’ they know and find myself wondering where all the ‘stuff’ I used to know has gone. I’m not yet 40, so can’t blame age-related cognitive decline. I did get a knock to my head which resulted in six facial fractures and temporal lobe contusions, but I passed my FRACGP OSCE exam 3 weeks later so it can’t have done me too much harm.

And yet here I am, constantly having to look up drug doses, item numbers, clinical guidelines and the anatomy of the facial nerve. Sometimes I feel like I’m just an ignorant lump of carbon. The human brain is an unfathomably complex and wondrous organ, but its data storage and retrieval capacities are beaten hands down by a \$5 USB flash drive.

What I find most frustrating is that it’s not just the old facts that have slithered out of reach: it’s the newer information too. I try to keep up. I read. I listen. I discuss. But some things just don’t stick. I’ll read an article on the newest research findings regarding the pathophysiology of chronic kidney disease,

for example, and think ‘Yep, I get it. Kidneys sometimes confuse me, but this I understand. I follow the logic from start to finish.’

It’s like a light bulb. A light bulb that blows 5 minutes after I’ve closed the journal. Nothing. Ask me to explain a single pathological process and I would probably say something like ‘Well, it is to do with sodium and tubules ... and umm ... you know, it is a great article. I can email you a link if you like.’

Now before you put in a concerned call to the Medical Board, let me assure you that I am a safe and competent doctor. I’m pretty good at knowing what I don’t know, and just as importantly, knowing how to fill the gaps left by the information that sneaks out of my cranium after dark. I can Google with the best of them and I’m adept at ‘phoning a friend’.

What’s helped me most in my quest for knowledge retention is teaching. For me, it is not a matter of ‘Those who can’t do, teach’, but more a case of ‘If you don’t know it, teach it’. I find that there is nothing as effective for memory boosting as explaining to others, especially with the luxury of repetition. By the third or fourth time delivering a particular topic, the content is usually firmly cemented in my brain.

While it is all very affirming and enjoyable to teach what you know well, preparing for and then teaching things you don’t know much about is so much more valuable. If you’re up for the challenge, combining an unfamiliar topic with a knowledgeable group is even better. You can channel and feed off their combined wisdom, and practise your skill at deflecting or redirecting those tricky questions.

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Luckily, there is a lot more to being a good GP than the instant recall of facts and figures. For the pathophysiology of kidney disease you can always ask Dr Google or a registrar who has just sat those dreaded exams.

Dr Genevieve Yates works as a GP and medical educator in the Northern Rivers region of NSW. She’s a regular columnist for *Australian Doctor* and a published author. Genevieve is also an accomplished musician, actor and playwright. She’s had five of her plays, a musical (about general practice) and a short film produced.