

There's more to being a GP than writing prescriptions and we should celebrate and promote our amazing versatility and skill.

Pass the tissues, please



In a recent discussion about the frequent shedding of tears in my consulting room (most of them not mine) and my resultant high rate of tissue box turnover, my mother said, 'Having never cried nor even thought of doing same when at the doctor's, I find that rather strange.'

It got me a-thinking. Her personal experience of what 'going to the doctor' entails has shaped her view about what us docs do. And it's not just my mum (who actually has a pretty good idea about the life of a GP thanks to many years of my stories) – we all make judgements in life based on

great GP term in fifth year, I was sold on what general practice had to offer.

The message didn't get through to everyone though. I've lost count of the number of times my specialist colleagues have underestimated the capabilities of GPs. A urologist once expressed surprise that I was comfortable administering Eligard® (leuprorelin acetate) injections to a patient with metastatic prostate cancer. He seemed astonished that I was not only capable of mixing two pre-packaged components and giving an IM injection, but willing to do so.

I'm delighted to see the increase in positive promotion of general practice to medical students and pre-vocational doctors. Organisations like General Practice Registrars Australia and programs such as Prevocational General Practice Placements Program are doing wonders to attract the best and brightest to 'the speciality that doesn't limit', and hopefully those who choose to pursue other paths will at least have a realistic idea of what we're all about.

Perhaps we can also do more to enlighten the wider community as to what versatile and clever ducks we GPs are. A hip new TV show might do the trick. We haven't been doing too well in TV-land recently. Where once *GP* and *A Country Practice* appeared on Australian screens, audiences now take their medicine from TV hospitals' dispensaries. The morgue is the most popular place to linger – forensic pathology has been hot for years and is showing no signs of dying (sorry!). Other than the UK's *Doc Martin* (and that cranky old bugger doesn't do us any favours), there is nary a GP in sight. I propose that we follow our Australian veterinary colleagues' lead. They weren't doing too badly with Dr Harry, but have gone to a whole new level of sexy with Dr Chris on *Bondi Vet*.

On the other hand, it might be wise not to let everyone know exactly what we do. If it became universally known that crying at the doctor's is 'the done thing', it could send my tissue bill through the roof!

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limited personal experiences. I'm reminded of the cartoon showing several blind men each touching a different part of an elephant and arguing over what the animal looks like. I'm stating the obvious, I know, but bear with me.

When I first started medical school, I had absolutely no intention of being 'just a GP'. As children, my brother and I were taken to our family doctor for immunisations and referrals but not much else. My recollections are of consults that went something like this:

'My son has a strange rash on his forehead. I'd like a referral to a dermatologist please.'

'Sure, no problem. I'll write you one now.'

It surprised the hell out of me to learn that GPs diagnosed and treated all kinds of illnesses, and that many actually did complex procedures. Thanks to an inspirational talk by a GP in my first year of med school and a

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