

A true generalist approach

Dear Editor

Thank you for Karen Gurney's outstanding viewpoint article (*AFP* April 2010). As well as giving a wonderful patient centred insight into the real problems experienced by those with different gender identity, Karen gives us a statement which should be burned deep in the psyche of every generalist: 'He openly admitted his lack of relevant expertise at my first consultation with him, but indicated his willingness and interest to work with me in a collaborative manner. Importantly, he and his colleagues and staff have always demonstrated a high level of respect for, and acceptance of, my gender identity without ever pathologising me, the individual. Such respect and an open mind, as always, are fundamental to a successful patient-doctor relationship. A crisis of gender identity invariably leads to a near total loss of self esteem. The support and assistance of caring medical practitioners plays an immensely important part in any subsequent return to normality of existence'.

The same applies, in my experience to Down syndrome and other intellectual disabilities, to myalgic encephalomyelitis/chronic fatigue syndrome, and indeed to situations where the heart of the doctor sinks because he cannot understand why the patient feels that way.

If every generalist adopted this approach it would ensure a true reform of the health system.

J Campbell Murdoch
Dunedin, New Zealand

Hospital boards

Dear Editor

You write that your new year's resolution is 'to publish articles that see our professional roles from a new perspective, or look at medical issues from a fresh angle' (*AFP* January/February 2010).¹

At the time of a 'global financial crisis', company boards are seen by many as servers of vested interest with their existence depending less on their effectiveness than the absence of an alternative. At a time when professional 'medicine' is preoccupied with 'evidence', the

suggestion that hospitals should again be run by boards is bizarre.

There is no evidence for the value of hospital boards and much evidence to the contrary. Most members of hospital boards are appointed by a politician in government and so inevitably are 'party politicised'. Most appointed board members are well meaning but lay people, which allows the weird situation to arise where a board that does not know nor do, posits to instruct those who know and do, how it is to be done. Inevitably, the majority on the board are quickly suborned by the chief executive officer (CEO) of the hospital because s/he has the means to reward the favoured while marginalising the recalcitrant. Even if the board members are not paid, they become yet another layer of management and cost to the hospital.

The crucial appointment to any hospital is the CEO. If the goal is to increase local influence on the hospital, then the CEO should be local. The best way to ensure this is to have the CEO elected regularly and for a limited term by an electorate of the hospital staff.

George Crowe
Flinders Private Hospital
Adelaide, SA

Reference

1. Parsons J. 2010 and other lovely numbers. *Aust Fam Physician* 2010;39:7.

Climate science

Dear Editor

I enjoyed reading the recent issue 'Sports injuries' (*AFP* January/February 2010). In keeping with its fresh new format and your aim to take a look at medical issues and roles from new perspectives, I would like to suggest that *AFP* give more space to the health impacts of global climate disruption and other environmental problems.

In my experience, far too many GPs are blissfully unaware of the challenges that climate disruption will present Australian general practice. I refer you to the December 2007 edition of *AFP*, which did a fine job of highlighting some of the important clinical and practical issues. However, if there is a science moving more quickly

than medical science, it is climate science,^{1,2} so it is very important that *AFP* keeps GPs abreast of the looming challenges. I might add that quite a number of doctors need to be made aware that there is any problem at all!

I was pleased to see that general practice registrars now have the opportunity to contribute a youthful perspective at *AFP*. While the health impact of climate disruption is a vital issue for all age groups, I would suggest that it is of particular importance for our young colleagues, who potentially face a practising life very different from the one we have enjoyed. Quite frankly, they need to get ready. I wonder how many know that the 2009 UCL Lancet Commission Report, 'Managing the health effects of climate change' declared climate change to be 'the biggest global health threat of the 21st century'?³

Linda Thomson
Brisbane, Qld

References

1. Intergovernmental Panel on Climate Change (IPCC). Available at www.ipcc.ch/.
2. The Copenhagen Diagnosis 2009: updating the world on the latest climate science. Available at www.copenhagendiagnosis.org/.
3. Costello A, Abbas M, Allen A, et al. Managing the health effects of climate change. *Lancet* 2009;373:1693-733.

Address letters to

The Editor, Australian Family Physician
1 Palmerston Crescent, South Melbourne
Vic 3205 Australia
FAX 03 8699 0400 EMAIL afp@racgp.org.au

RACGP Council Elections 2010

The current terms for the RACGP Council positions of President, Censor-in-Chief and Registrar Representative conclude in October 2010. Nominations open 7 May 2010 and close at 4 pm AEST on 7 June 2010.

Official notices of the elections and nomination forms for completion and submission will be available at www.racgp.org.au/council/elections during the full nomination period.

For further information see the May issue of *Good Practice*.