The joy of life

Stephen A Margolis

Love the life you live. Live the life you love.[1]

The clinical practice of modern medicine provides an interesting view of humanity. Each working day we are immersed in the care of our patients. We take a keen interest in listening to them, following their narratives and stories, while seeking answers and solutions for their concerns. After all, most of the patients we see sitting in front of us are there to discuss problems of some sort. But unlike the normal range of human experience, our everyday encounters with our patients provide a more skewed subset, where negative emotions rather than positive predominate. Unsurprisingly, compared with the general population, our clinical experience is often over-represented by those with chronic mental health issues, drug abuse problems or other conditions that leave them on the margins of society at large.

Where does this leave us, the clinicians who are often consulting with our patients for a significant proportion of our time? Is there a risk that we might start to misconstrue reality 'on the outside' and start to re-interpret our perspective as though illness is pervasive? Imagine if 80% of your adult patients have at least one chronic disease while the proportion of adults with multiple chronic diseases in the community is 20%.[2] Over time, you could lose sight of the over-representation of disease in your patient cohort and start to think that almost everyone you meet outside of work also has a chronic disease.

Perhaps this is more confronting for clinicians whose practice is focused on adults with chronic mental health issues, leading to a much higher patient prevalence than the 20% found in the community.[3] If this led to a misperception of higher community prevalence, could that have an impact on decision-making in their lives beyond work? If so, how would that manifest? And would it have an impact on the clinicians' *joie de vivre*?

This concern ties in with the well-documented disconnect between illness and disease that is seen at times.[4] Most simply put, there is an interchange across the boundaries between the social (patient experience) and medical factors (pathology). However, from the clinicians' perspective, this has been overtly focused on a 'negative deficit' approach where we hone in on the adverse changes in our patients' lives.[5] This potentially leaves our patients' positive health experiences silent and ignored, even though patients with chronic disease may well be asymptomatic between acute episodes.

To some extent, we have begun to address the potential shortfall in both our and our patients' positive experiences within the illness paradigm. There is a newfound enthusiasm to focus on wellness within the general practice experience, with strengthening prevention and wellness a core guiding principle.[6]

To further highlight wellness as a core tenet of general practice, in this edition of *Australian Family Physician* we focus on a range of issues best described as contributing to the joy of life: healthy living,[7] ageing,[8] pregnancy[9] and sex.[10] Each author has taken a positive viewpoint to explore wellness and provide readers with additional tools to address these issues in their clinical practice.

Our work with patients is rewarding and immensely beneficial for addressing their concerns. If we add a touch of 'wellness' where possible, perhaps the rewards to both sides may be even greater.

Author

Stephen A Margolis MBBS, MFM, MD, GEM, DRANZCOG, FRACGP, FACRRM, is the Senior Medical Editor of *AFP*, Professor, School of Medicine, Griffith University, Queensland; and Medical Officer with the Royal Flying Doctor Service.

References

1. Bob Marley. Love the life you live. Live the life you love. Available at www.positivelypositive.com/quotes/love-the-life-you-live-live-the-life-you-love [Accessed 20 October 2016].
2. Australian Institute of Health and Welfare. Chronic diseases. Canberra: AIHW, 2017. Available at www.aihw.gov.au/chronic-diseases [Accessed 20 October 2016].
3. Australian Bureau of Statistics. National survey of mental health and wellbeing: Summary of results, 2007. Canberra: ABS, 2009. Available at www.abs.gov.au/ausstats/abs@.nsf/mf/4326.0 [Accessed 12 January 2017].
4. Eisenberg L. Disease and illness: Distinctions between professional and popular ideas of sickness. Cult Med Psychiatry 1977;1:9–23.
5. Ventriglio A, Torales J, Bhugra D. Disease versus illness: What do clinicians need to know? Int J Soc Psychiatry 2016 (Epub ahead of print).
6. National Health and Hospitals Reform Commission. Principles for Australia's health system. Canberra: Commonwealth of Australia, 2008. Available at www.health.gov.au/internet/nhhrc/publishing.nsf/Content/principles-lp [Accessed 12 January 2017].
7. Egger G. Healthy living. Aust Fam Physician 2017;46(1–2):10–13.
8. Sims J. Healthy ageing: Adding quality to the additional years of life. Aust Fam Physician 2017;46 (1–2):26–29.
9. Frayne J. Enjoying a healthy pregnancy: GPs' essential role in health promotion. Aust Fam Physician 2017;46(1–2):20–25.
10. Goodwach R. Let's talk about sex. Aust Fam Physician 2017;46 (1–2):14–18.

correspondence **afp@racgp.org.au**