



Sarah Metcalfe

The art of general practice

A little over 12 months in to my nascent general practice career, I am just starting to appreciate some of the less tangible advantages of my choice of work. The flexibility, sociable working hours and variety have been evident from early on, but it is the elusive 'continuity of care' concept that is just starting to take shape in my practice, now that I have been in the same location for an extended period.

Knowing your patient really does add another dimension to the clinical assessment. The knowledge of who they are as people, their values and perspectives, gathered in increments over brief encounters, contributes something more to the picture. It is this element of what we do that really speaks to the art of medicine. And nowhere is it done so well as in general practice, where continuity allows us to develop relationships with our patients. As a beginning GP I can only aspire to emulate the career longevity of some of my predecessors at our practice – our many stalwart patients often speak of them with fondness. After 40 or 50 years of care these doctors have truly seen people through many of life's stages. But it is when the usual human life stages are not achieved as expected that GPs are called on to help patients navigate a different course.

I have already had the privilege of seeing several women throughout their pregnancies and continued to care for them and their children. The birth of a child is often a time of great joy but can also be one of uncertainty, exhaustion and despair. Postnatal depression is a well-recognised condition but there is perhaps not so much knowledge regarding mental illness in the antenatal period. In her article on perinatal mental health,¹ Anne Buist considers the ways in which mental illness can impact on this time of great transition in patients' lives,

focusing particularly on medications that may be encountered.

Nothing defies our expectations of the order of things quite like the death of a child. The grief of a parent who has lost a child is unimaginable – there are no answers in a situation like that. As a professional, I have struggled to know what to say to patients living through such an experience and have had to fight against the innate drive to somehow 'fix' things. Sometimes expressing genuine sorrow and being available is enough. I admire those GPs who work more frequently in the challenging area of paediatric palliative care. In their article on this subject,² Nicole Armitage and Susan Trethewie provide a sensitive and practical approach, as well as references to many excellent resources and sources of support.

Caring for multiple members of a family has also been an unexpected pleasure. I have met perhaps the youngest child to be checked for a cold and then the mother might return a couple of months later for a pap smear or to seek help for depression. Each consultation provides a context for and informs the following to some degree. Helping families where one or more children are struggling to successfully navigate expected developmental milestones is an area in which our pre-existing relationships can be invaluable. In his article, 'Struggling at School', Frank Oberklaid reminds us how well GPs are placed to detect these problems early and arrange appropriate intervention.³

Being a relative newcomer to the practice, I don't see many of our elderly patients – most have established relationships with colleagues. I do, however, care for a small group of nursing home residents and managing these patients has been one of the most challenging aspects of my first year, both personally and professionally. Frequently, their medical problems are complex, but these patients are also struggling to come to terms with failing bodies and, often, minds

as they enter the 'last scene of all... second childishness and mere oblivion'.⁴ From my, likely skewed, perspective, it seems that ageing is so much about loss, the most cruel being loss of memory. I have struggled to try to care for these patients in a way that returns a degree of dignity and autonomy, even as I fail to return function. In their article 'Managing dementia-related cognitive decline in patients and their caregivers',⁵ Ed Strivens and Denise Craig provide a patient-centred framework for managing the cognitively impaired. The implications of this illness are often far-reaching and the GP is well placed to identify and manage carer stress in family members, who are often also our patients.

So as I continue my own life journey, I feel privileged to have a job that gives me a window into the journeys of others. The rewards of these long-term partnerships, in terms of health outcomes and job satisfaction, cannot be quantified.

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