EDITORIAL

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The guts of it

Society and the English language afford 'guts' almost independent sentient being status. Long considered the source of courage, 'that took guts'; determination, 'what a gutsy effort'; and instinct or intuition, 'I had a gut feeling', the guts have also been an emotional powerhouse – disappointment is likened to 'being kicked in the guts' and an intense dislike for someone can be summed up by 'I hate your guts'.

In fact, the guts form an important triad with the heart and mind as the body parts that go beyond their physiological function to somehow embody what makes us quintessentially human. In addition, functioning guts are critical for the basic function of eating and digesting the food that sustains our very being. From this perspective then, it's completely understandable that patients get so alarmed when they perceive a 'problem' with their guts. Not only do patients describe distressing symptoms such as bloating, pain and altered bowel habit, it is possible they may perceive these symptoms as a personal assault on all of these other, more subtle, levels.

I recall being quite confused when learning about the complex innervation the gut – the parasympathetic and sympathetic input as well as the standard wiring. I find a simplified version of this concept very useful when explaining to patients how their nervous system and gastrointestinal system interact and why the symptoms of many chronic gastrointestinal conditions are worse at times of stress. Once grasped, this neatly explains the mind body connection but assures them that it's not 'all in their head'.

This issue of *Australian Family Physician* explores four different aspects of 'grumbling guts' to inform and upskill general practitioners. Morrison et al provide a concise update in the new diagnostic and management developments in inflammatory bowel disease, one of the more 'clear cut' causes of gut symptoms. Brown et al explain the postoperative management and complications of laparoscopic adjustable gastric banding, an increasingly common procedure that can cause important gut symptoms. Two further articles tackle more nebulous and controversial areas: Pirotta synthesises integrative approaches to irritable bowel syndrome – a common and important problem in general practice; and Bolin describes distinguishing food intolerances and allergies from IBS and details diagnostic and management approaches to food intolerance.

Returning to the metaphorical 'guts' as intuition and courage – both are highly relevant to leadership – a concept I've become increasingly interested in over the past couple of years. My academic post has exposed me to several different leadership styles and has allowed me to step back and consider the 'big picture' of general practice and GP leadership. The 2009 RACGP Masterclass on Leadership[1] gave me valuable insight into the theoretical aspects of leadership, challenged my existing ideas and stimulated further thought and reading around what leadership actually involves and what makes great leaders.

One of the key features of leadership is a shared vision. In general practice this is complicated by the incredible diversity of opinion and interests. General practice registrars are confronted with a confusing array of GP groups and organisations. Indeed, it can be difficult for even well established GPs to keep track of all the organisations and what they advocate for. How then can general practice present a clear, unified vision essential to successful leadership? There have been some encouraging trends toward unification for example with the creation of United General Practice Australian in late 2008[2] and General Practice Education and Training taking up the management of the Post-Graduate Pre-vocational Placement Program. However, the waters are still very muddy. Although our diversity provides a richness and depth lacking from other areas of medicine, it makes it far more difficult for GP leaders to advocate for a clear general practice vision. Fragmentation risks weakening the position of general practice, particularly when compared with simpler, more unified specialty groups.

The way forward for general practice leadership will require ongoing 'guts' but it will also require more dialogue. We need to start from the common ground – the key points on which we are all in agreement such as the critical role of primary care in providing high quality, appropriate and equitable health care that meets community needs. Certainly general practice leaders face enormous challenges; but in this period of health reform and transition we need gutsy GP leadership now more than ever.

References

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