



# The challenge of general practice

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I was distressed to hear recently that there is a shortfall in applications from young doctors to join general practice training programs. If this continues, the already acute shortage of general practitioners Australia wide will become critical.

Why is this so? Why is this particular field of medicine getting the thumbs down from our new graduates? Perhaps we are hearing far too much about the woes of the GP. Overworked and underpaid, weighed down by bureaucracy and paperwork, and suffering from family deprivations and depression, mostly as a result of work pressures. In addition, patients are becoming more demanding and GPs are forced to practise defensive medicine because of possible medicolegal consequences. Much of this is true ... but this type of propaganda does little to recommend general practice as the preferred option for the next generation of GPs.

What the media (and here I include the medical press) do not emphasise are the huge compensations. The very positive aspects of general practice work are not seen to be newsworthy. So, our younger generation of medical students and graduates repeatedly hear only the dark side of general practice and little about its considerable attractions and rewards. Could this be the main reason for the dearth of young doctors opting to train as GPs?

After 40 years of experience in general practice, I can honestly say it's a specialty that I have thoroughly enjoyed and would recommend to any young graduate looking for a life of variety and excitement.

For me, one of the excitements and satisfactions is the ability to follow a patient through the various problems that beset him or her over the years. This continuity makes GPs unique, putting us into the privileged position in which patients view us as friends or

'special' people in their lives. You hear much public criticism of the medical profession as a whole, but individual people think their GP is special to them, often becoming upset if their GP retires or moves to another area.

Being the first professional to see a patient with an illness and diagnosing and managing their problem correctly is an exciting challenge. It requires not only broad communication and clinical skills, but the ability to match what one finds with what one already knows about the patient. By putting things in context, we are more likely to make the right management decisions. Good GPs develop a sixth sense which spots the patient who has a serious problem or the malingering very early on in a contact. There is an intuitive feeling about patients that comes with time and experience.

The ability to manage presentations in all age, cultural and special health groups in the community is another of our special skills. It is we who decide – with the patient in front of us – whether to just reassure, treat conservatively or energetically, investigate, refer, admit urgently to hospital, or merely observe again at a later date. These are decisions unique to GPs.

You know you have 'arrived' in general practice when patients come to talk to you about serious family problems – when all they want you to do is listen, empathise or sympathise. This pastoral role is important as it demonstrates and further cements the close bond between GP and patient. Michael Balint, a well respected psychotherapist of the 1950s, stated that the greatest therapeutic tool available to a doctor is the doctor himself. You will understand this statement after a while in practice. A well respected GP has in his grasp a tremendous ability to do good things for their patient just by using the special relationship

that has developed between them.

If this isn't enough, general practice provides the opportunity to indulge special interests. Some GPs are known for their special skills with children or women's problems. Others indulge an interest in minor surgery or anaesthetics. These special skills readily find an outlet in the broadness of everyday general practice. Outside involvement, such as teaching, research or clinical appointments at hospitals are available and many GPs involve themselves and enjoy these pursuits.

In my own role as a medical teacher I stress to students that, after a while, the clinical material they see in general practice may become repetitive, even boring. But, if you retain an interest in people, then your practice is never boring because human behaviour, particularly relating to illness, is so varied that it is always fascinating. Each day provides you with new mysteries to unravel.

Of course, if you become a country GP then the challenge and excitement becomes even more intense. All your skills in diagnosis and treatment are taxed to the maximum and you become even more closely involved with your patients by living among them – perhaps more nerve wracking, but more rewarding. But, for those who choose to stay in the city - and these are the majority – general practice is what you make it. Keep an interest in all aspects of your patients' lives and you will never lose the thrill of this wonderful branch of medicine. So, young graduates be advised, don't miss out on the great opportunities that general practice provides. In comparison, many of the specialties are truly narrow and dull.

Conflict of interest: none declared.

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