Maintaining trust in the doctor-patient relationship is key, writes **Huw Morgan**

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The Crisis in General Practice

Most readers of this journal will be aware that UK general practice is in crisis. The recent BMA ballot confirmed that 86% of responding GP principals were in favour of submitting undated resignations from their NHS contracts next spring, unless the government agrees to negotiate on a new contract for General Medical Services.[1]

This crisis has been building for more than a decade. The 1990 contract, imposed without negotiation by the Thatcher administration, was the first in a series of major changes that have continued ever since.[2] More and more governmental edicts and frameworks have radically changed the amount of time GPs can spend in their traditional role of face-to-face contact with individual patients. Higher public expectation of what the NHS should provide has coincided with a real decrease in resources - staff shortages, growing waiting lists and discontinued services, all of which have added further stress to the GP's position as 'gate keeper' to the NHS.

In addition to this, changing patterns of work favoured by a new generation of doctors have meant that the traditional model of a full time doctor spending thirty or more years in a practice has gone.[3] It has been replaced by more part time doctors spending five years or less in one place and then moving somewhere else, perhaps out of medicine and probably out of general practice, reducing long term GP numbers. Also, the perceived lowering of morale since 1990 has reduced recruitment and, in the last few years, dramatically increased the numbers of actual and intended early retirements.[4]

Christians in general practice are certainly not immune to all this and have their own concerns about the current state of affairs. Central to these is the threatened destruction of the long term doctor/patient relationship that has been the cornerstone on which the previous success of British general practice (and similar models in Holland and Scandinavia) has been built. This has enabled compassionate and skilled doctors to use the therapeutic potential of this relationship keeping unnecessary investigations and treatment costs to a minimum. This unique understanding of individuals and their physical, psychological, social and spiritual needs in the context of their family and environment is likely to be swept away by the National Service Framework. This approach demands measured outcomes of care in quantifiable figures, in clinics run by nurses and others who are necessarily focused on numbers and measurements rather than on individuals and their uniqueness.

Another related concern is the increasing lack of trust in general practitioners by government and (to a lesser extent) public. We are no longer seen as trustworthy professionals but as inadequately accountable public servants who require more central control to meet the demands of government policy. Whilst some of the reasons for this are understandable, it is a factor that can undermine the essential nature of general practice. For Christians (and indeed most other GPs) this feels like an impugning of our professional and personal integrity. We are no longer trusted to get on with our work in the way we consider to be in the best interests of our patients as their advocate and medical advisor.

I do not think there is a simple Christian response to these things, but I do believe that Christian GPs need to defend above all the doctor/patient relationship and the necessity for it to be based on trust, as a central feature of general practice. In the end, general practice is about people. Unique, distressed, concerned, suffering or anxious individuals made in the image of God who need a trusted medical advisor to turn to, whom they know they can rely on. Someone who has medical skills and knowledge, yes, but also someone who knows their family, their relationships and their working situation. Above all someone who knows them and can integrate that individual knowledge with their symptom presentation, tease out any hidden agendas, explore their concerns and provide appropriate reassurance, treatment or onward referral for them. In the end, loss of this special and privileged role would result in spiralling health care costs, increased litigation, an increasingly demoralised medical work force and a dissatisfied public.

The writing is already on the wall. Let us hope and pray that our political masters heed the warning signs before it is too late.

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References

1 British Medical Association General Practitioners Committee, June 2001. Online at *http://www.bma.org.uk/gpc.nsf/archnews*

2 Smith R. Why are doctors so unhappy? *BMJ* 2001;322:1073-4

3 Vaughan C. Career choices for generation X. *BMJ* 1995;311:525-6

4 Taylor DH, Leese B. Recruitment, retention, and time commitment change of general practitioners in England and Wales, 1990-4: a retrospective study. *BMJ* 1997;314:1806