

Can GPs really do everything?

If the only tool you have is a hammer, you tend to see every problem as a nail. Abraham Maslow

General Practice 'deals with health problems in their physical, psychological, social, cultural and existential dimensions'.

The discipline has to recognise all these dimensions simultaneously, and to give appropriate weight to each. Illness behaviour and patterns of disease are varied by many of these issues and much unhappiness is caused by interventions which do not address the root cause of the problem for the patient.

*From the European Definition of General Practice/Family Medicine*

Coping (or appearing to cope) with everything is an essential part of being a GP. In the predictable part of work you deal with familiar problems in contexts that are familiar. Organisations like the NHS improve effectiveness within this predictable work by sharing best practice (e.g. sharing clinical guidelines, or sharing the results of evidence based medicine). If the problem or the context is unfamiliar then best practice transferred from your predictable work may be unworkable or even a disaster. Distressed patients are common, and most doctors have experienced consultations when the patient ends up more distressed. The reason for the distress can be complex and might seem unfathomable. The only realistic strategy is learning to cope effectively with uncertainty. The unfamiliar is a different emotional experience, characterised by feelings of exposure, unsureness about competence and confidence and the need for courage, imagination, taking responsibility and initiative. Above all the unfamiliar is the realm of learning in which you become more focused on developing wisdom. In reality there is always a mix between the unfamiliar and the familiar and with increasing experience a gradual move towards the familiar.

You can classify your usual way of working using four assessments based on your skill level and personal philosophy (ref 1). Do you have basic or advanced skills, and do you have a simple or complex approach to problems? You can usually assess yourself by recognising what sort of patient you are comfortable with, and what sort of feedback you get from patients, staff and other doctors about your performance.

Depending on your approach you will tend to fit one of four distinct profiles

The basic simple profile is 'the mechanic'. You have basic skills, dispense medications and direct advice. Your encounters are problem-focused, and at times you can seem abrupt, ignorant of emotional distress and not patient-centred

The basic complex profile is 'the counsellor'. You are bio-psychosocially orientated with basic skills and you offer advice. You explore the patients backgrounds, concerns and spiritual dimensions of illness in a patient centred fashion.

The more advanced simple profile is 'the investigator'. You are bio-medically focused but when the occasion warrants you have a repertoire of detective skills that allows you to sense patient cues of emotional distress that shed light on the patients condition.

Finally the more advanced complex profile is 'the healer'. You use the full breadth of bio-psycho-social skills taking into account cultural and existential dimension and integrate most aspects of care seamlessly. You appear comfortable with different patients in different situations.

When you know your style, if you want to change it to treat the person, not the just the disease you will need consultation skills advice. This can be a difficult process but rewarding to cope with difficult consultations better.

Reference 1: Robinson, W.D., Prest, L.A., Susman, J.L., and others. (2001, October). "Technician, friend, detective, and healer: Family physicians' responses to emotional distress" (HS08776). *Journal of Family Practice* 50 (10), pp. 864-870. [www.ahrq.gov](http://www.ahrq.gov)