Family doctors are more than GPs

A recent BBC TV News (17.1.19) briefly portrayed the current and now familiar pattern of mounting NHS pressures, and then the expedient measures being introduced.

Yet again hospitals cannot cope with the winter surge of emergencies, so freshly delegated 'family doctors' were enlisted – here shown in rapidly diagnosing and despatching unknown patients. There were interposed camera-shots of how these carouselled 'family doctors' were aided and flanked by lower-echelon health workers and a large, corporate call-handling centre. It is most unlikely that any of these healthcare workers had previous contact with particular patients or would do so again.

Yet the programme repeatedly referred to these hastily recruited and despatched medics as 'family doctors', not GPs.

Why? Is it to shore-up the illusion that our erstwhile securities and anchor-points are still dependably there – at a time when, in reality, they are rapidly dissolving?

For family doctors used to be those who got to know individuals within family contexts and histories. Such family doctors are thus exceptionally placed to understand personal context and subtext, with all the ensuing, subtle diagnostic and therapeutic possibilities. But this could only be achieved if particular working conditions are met: those that favour patterns of continuity, stability and familiarity in personal contacts. And these, necessarily, mean doctors being personally

accessible, often for many years. It thus also favours smaller practices where people can get to know one another – staff amongst themselves quite as much as the patients they care for.

But the doctors shown on this news feature were unlikely to receive or convey any of these advantages. Rapidly carouselled by complex and expedient rotas; sessional, short-term or locum contracts; automated reception in ever-larger conurbations of health centres; 'one patient, one complaint' (regulations) … what chances do these doctors have of making personal bonds that make for our better offers of understanding, comfort and healing?

Such algorithmic, atomised, one-off consultations – now so prevalent – can feasibly be called 'general practice', but it is hard to find any reality here in the term 'family doctor', except in its reference to historical ancestry (this is similar to talking of a 'box office' to book theatre tickets).

This discrepancy is far more than semantic, and the loss is far more than some kind of now-unaffordable niceties and sentiments. Personal continuity of care – real family doctoring – is not just popular with patients, it also has marked benefit for their morbidity and mortality.[1]

And it becomes yet more serious. For as we have driven to extinction our erstwhile smaller-practice, vocational family doctors, we have replaced them with corporately managed 'primary care service providers'. And the result? Doctors no longer want to do the job: this is now regularly reflected in statistics of recruitment, sickness, career abandonment and earliest retirement.[2]

By contrast, old-fashioned general practice – real family doctoring – was a vocation of great stability, popularity and devotion. Our health service needs somehow to restore this, not use its fading aura in speciously reassuring soundbites to disguise the seriousness of our loss.

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References and notes

1. Pereira-Gray, DJ et al (2018). 'Continuity of care with doctors – a matter of life and death? A systematic review of continuity of care and mortality', *BMJ Open*, 28 June. This summarises much research from many widely dispersed centres. It demonstrates clearly the crucial importance of continuity of care, not just for patient satisfaction and reduction of morbidity and hospital admissions, but also for overall mortality.
2. Interested readers are referred to statistics collected by NHS Digital, Office for National Statistics, Social Care Information Centre, British Medical Association and the King's Fund.