

Our best general practice is far more than quick diagnoses, fixes or referral

Dr Phil Whitaker's recent *Health Matters* jaunty report (NS 17-23/9/21) will, paradoxically, bring dismay to many older GPs who know the subtle value and effectiveness of face-to-face consultations, especially if accompanied by personal continuity of care.

While Whitaker is mostly correct in his assertion that much can be achieved by skilful remote consultation by phone or digital media, this has significant limits – it extends only to those problems that can be quickly diagnosed, fixed or referred. Such remote practice is, alas, far less effective or desirable with the many types of suffering or dread that need skilful therapeutic relationships: personally-knowledged comfort, guidance, harbour, anchorage, encouragement and contextual understanding. Surprising to some, this actually is the larger fraction of time-honoured general practice and mental health. It comprises problems of maturation and development, all chronic (incurable) illnesses, stress-related / psychosomatic problems, mental health (sic), degenerative and ageing conditions, palliative and terminal care. The strength of better, now very rare, erstwhile family doctors was their skill and commitment to providing such pastoral healthcare that functioned best through personal contact and personal continuity.

Despite Dr Whitaker's optimistic and upbeat claims that remote consultations produce a largely win-win service, what I have widely heard and personally experienced is very different. There is very great, if often mute, dissatisfaction and distress from the growing inaccessibility – even the demise – of personal doctoring.

Here is one reason why Whitaker does not realise this: the patients who willingly fill in online surveys are mostly not those who want and need pastoral healthcare. The less fixable are mostly less biddable ... and there are many more of them.