

The Doctors Dilemma: Is there an alternative to giving up general practice?

Recent surveys suggest many general practitioners would rather be doing something else, anything else. For some reason a cohort of once intelligent overachieving individuals find themselves in a job they can't stand and facing the choice between the continued horror of the stream of patients and the abyss of the unknown. While we are told that most people will now have several different career paths in their working lives, we general practitioners seem stuck with no obvious skills to apply outside our sad little trade.

Why are general practitioners so miserable? The usual chorus is heard - falling profitability, increasing accountability and increasing administrative complexity. All the feel-good messages that we should charge what we're worth seem not to apply to the medical equivalent of Lake Wobegon where I practice, where another six of my colleagues have set up bulk-billing practices in the last two years. By only bulk-billing card holders you can successfully develop a practice exclusively of card holders. By bulk-billing no one you risk all your patients joining the exodus. We respect the autonomy of our patients and yet seem responsible for whether they follow our advice. Our adventures in unpaid form filling in are challenged only by the technical aspects of the number of layers of carbon paper our shaky hand writing can penetrate.

As general practice becomes less procedural, we have evolved into the holders of the burden of society's miseries. With psychologists unaffordable, two month waits for private psychiatry, public psychiatry apparently for schizophrenia only, and social work invisible, general practitioners at least have the niche of servicing depression and the advantage of empathy with the client. But spending day in and day out seeing nothing but depressed patients, who have very real and non-changeable social reasons for their misery, demands thoughts of escape.

Despite this, no massive exodus has been seen from our ranks. Has the grind of general practice so milled all the enterprise out of us general practitioners that we can't find an escape strategy? I suspect, like many dysfunctional relationships, the connection is held together by ties of obligation and necessity. This is not to mention financial arrangements made when general practice was profitable, which make a period of retraining hard to imagine. The recognition that the general practitioner has his or her own peculiar range of skills rather than just being an undifferentiated doctor makes metaplasia into one of those lovely minimal patient contact specialties difficult to conceive. And those talented in business saw which way the wind was blowing years ago and relegated clinical medicine to a sideline hobby while the real business of wealth accumulation was accruing elsewhere. Those left, having been tamed into the modern general practitioner, have insufficient survival skills left to re-enter the wild.

As I see it our dilemma is that the sort of work general practitioners now do is unsuited to the long hours, rapid turnover tradition. I think all we disgruntled general practitioners need is less patient contact. We might even look after patients better. In a utopian society, to ensure patients received proper care, general practitioners would be rotated,

long serviced, sabatticalled, and inserviced, not to mention appropriately remunerated. We would get trauma counselling after each session with more than four heartsinks and be retired with PTSD after dealing with PIP and accreditation. It isn't going to happen, so, gutted of volition but too scared to stay where we are, what's a general practitioner to do?

You could do what I did - I wimped out and got a part-time administration job. Neither brave enough nor really entirely wanting to abandon general practice, I have been working in such a capacity for about two years now while continuing my general practice about two-thirds of the time. I'm not talking about a job to which Fellows of the College of Medical Administrators would aspire. Mine is far more humble and uses the skills found in general practice - answering the phone, filling in forms, liaising with hospitals and health professionals, and especially helping public servants understand how they drive doctors crazy with paperwork. I gather these sort of jobs were once done by properly salaried doctors with real career pathways in business and government, but now thanks to the miracle of outsourcing, any agency who needs to know how to deal with doctors will be looking at buying part time advice, and general practitioners who need to spend time away from patients will be available to give it.

What are the advantages of working away from your practice in a non-clinical setting for your close-to-burnout general practitioner?

As doctors who only work "sessions" have known for years, facing only four hours of patient contact rather than eight to twelve makes the prospect less terrible. I know general practice is just one exciting challenge to my clinical acumen after another and provides all the intellectual and emotional stimulation one human being can possibly experience, but after the fourth time the authority prescription hot line leaves you on hold, it can begin to pall. That said, experiencing the administrative side of medicine at the exalted level of answering the phone, I now appreciate the efforts of the poor pharmacists and clerks at the other end of the authority line.

I've found that doing part-time administration work has shown me jobs that make even the most mundane aspects of general practice look interesting. It has also kept me away from clinical medicine long enough to feel less frazzled while I'm doing it. It's not quite two different forms of tedium cancelling each other, but it is useful to get out of your practice and see medicine being practiced as an outsider. You appreciate that many of your problems are common problems rather than private purgatories, and shared misery is always a lighter burden. And as general practice becomes more of an administrative job itself, it hasn't hurt me to see how the professionals do it.

Are there disadvantages to spending time away from patients? Some of my patients don't like it. Although I've scheduled my work so that I am still at my practice every weekday, the same patients who claim I'm always on holidays (two weeks a year is scandalous) claim I'm never at the practice. One old acquaintance told me I'd joined the enemy, while one patient said office work had "changed me", I gather not for the better. No matter, if I am a less disgruntled general practitioner, it has got to be good for my

patients. My absence has required the forbearance of associates who have had to cope with a few extra patients, but I've noticed them also cancelling a few sessions here and there, so perhaps they are finding reasons to reduce their clinical load too. I've noted that my absence has at times left me clutching for continuity when things happen quickly with my patients, but being there every day at least means I am not too far behind the game.

Working as part of a big organization is a shock after years of self-employment. Of course, while nominally self-employed as a general practitioner, I'm really a casual piece worker for the government, and while I appear to be an employee where I work in administration, I'm really a self-employed contractor, so the differences are probably cosmetic.

The dilemma for general practitioners is that we do a job where nothing is finished until you send flowers to their funeral. We lack the ultimate weapon of the specialist seeking closure: sending the patient back to the general practitioner! One of the thrills of my non-clinical job is that some things are achieved, finished and filed. I suspect a bit of variety and a fresher approach to fewer patient contacts could make even general practice tolerable. Creative ways of being only part time clinical animals would seem to offer one flawed but workable compromise for the hoards of unhappy general practitioners.