

What's up Doc? The benefits of a good GP

Grant Blashki and Michael Kidd

Never go to a doctor whose office plants have died.

Erma Bombeck

Throughout history people have relied on some form of doctor or other healer to help them and their families during times of illness, and to provide comfort and cures for various forms of sickness. Even with all our modern technology, powerful medications and access to vast quantities of health information on the Internet, people still encounter the daily health problems of living, and still want to turn to a local doctor that they can trust for advice, support and treatment. Each year in Australia more than 125 million general practice consultations take place, and 83% of Australians consult a general practitioner (GP) at least once a year.¹ As Australia's population ages, more people are living with chronic medical conditions and their GP has an important role in providing long-term, comprehensive health care.

In Australia, we are fortunate to have a strong system of primary health care that trains and supports our GPs so that the majority of people in Australia can access a well-trained, competent GP when they need to. In fact, unlike some countries around the world, GPs in Australia undergo extensive professional training to be recognised as GPs. After completing their medical degree and their intern year they then undertake a three-year GP training

program and must pass written and face-to-face examinations. Rural doctors often have additional special qualifications that prepare them for the demands of rural general practice. Overseas-trained doctors also have similar hurdles to meet to be registered as an Australian GP.

Having a GP you can trust is a great asset in dealing with life's ups and downs. Perhaps the greatest strength of GPs is that they are generalists; in other words, they do not focus just on one part of the body or even on one type of patient. For example, a paediatrician just cares for children and a rheumatologist looks after people's joint problems. However, a GP with a holistic, generalist clinical perspective is well placed to help with the plethora of possible physical and mental health challenges that life throws at people. In a world of increasing specialisation, and in fact super specialisation (recently one of the authors referred a patient with an elbow problem to an orthopaedic specialist and the patient was told by the receptionist, 'Sorry he's only looking after shoulders now!'), having a doctor who is keeping track of the big picture in regards to the health of you and your family is very valuable.

We find that people who have a mix of symptoms and health problems especially benefit from having a GP involved in their care. The human body does not come in neat little packages divided between health systems, so the reality is that health problems in one system of the body often impact on the rest of the body. Physical and mental health problems are often enmeshed with each other. For example, people who have anxiety problems often come to the GP with concerns about physical symptoms, such as chest pains or shortness of breath. And people with chronic physical conditions — for example, chronic lower back pain — may often present to the GP with symptoms of depression. Not only are symptoms interwoven, but the medication or intervention for one health problem can often have side effects or impact other systems as well. So while the narrow focus on individual health systems or organs in the body is very valuable and

we are fortunate to have excellent doctors in Australia who specialise in this, it is also very important to have a treating doctor who is overseeing the whole problem and noticing the interactions and unintended consequences of various treatments.

A good GP is an excellent diagnostician. This is important as so much illness is initially undifferentiated and it can take some time to declare itself, so your GP needs to be alert to early signs and symptoms. Often, the GP is working through a process of exclusion, especially excluding critical conditions, and can tell you what you do not have, even before the actual diagnosis emerges. Another common role for the GP is to tell people what is normal; sometimes just knowing that something is not dangerous or concerning can diminish the worry and stress about a new symptom. There is a saying in medicine that 'common things are common', and it is true that in diagnostic decision-making in general practice, the GP often makes a provisional decision based on the most probable course of events. Having said that, rare things do occur, and an experienced GP will know when something does not look right or is not following the usual natural course. Knowledge and experience will assist GPs to pick up serious conditions early, even when the signs and symptoms are not yet obvious.

The ancient proverb that 'prevention is better than cure' could very easily be the anthem of general practice. So much of the day-to-day work of general practice is about assisting people to prevent health problems before they occur. The Royal Australian College of General Practitioners has developed the Red Book,² which documents the many preventive activities that GPs can undertake with their patients during the various phases of life. Starting even before life begins, the red book lists the check-ups that soon-to-be parents can undertake before they have even conceived their child. There are many preventive activities that GPs undertake with newborn babies and infants, including a list of vaccinations to prevent what have historically been devastating illnesses for families.

And there is a whole range of preventive activities for later in life, especially to prevent and detect early cancers, including whole body skin checks, breast checks, mammograms, Pap smears and fecal occult blood testing, just to name a few. Your GP also spends time assisting people to reduce their cardiovascular (heart) risk by encouraging their patients to stop smoking, to undertake regular exercise, to get their blood pressure checked regularly, to reduce their cholesterol, and to detect and manage problems such as diabetes early. And there are many other problems which cause difficulties later in life that can be prevented, such as osteoporosis (thinning bones that ultimately can lead to fractures); and increasingly there is a focus on early detection of mental disorders such as psychoses in young people, depression at all ages, and dementia in the elderly. So while this discussion of preventive activities is in no way comprehensive, it gives you a sense of the broad scope of preventive activities that your GP can undertake with you. It is worth checking with your GP and finding out what preventive tests and measures you should be having for your stage of life.

Another benefit of having your own GP is that your GP has in-depth knowledge and experience of local health services. So if your GP needs to refer you for assessment by a consultant specialist or perhaps seek some additional help from an allied health professional such as a psychologist or physiotherapist, they will know what services are available in your region and who will provide you with the best care, treatment and advice. Your GP also has local knowledge about the communication style, competencies and availability of various health providers in your area and can match you with a suitable referral. Your GP opens doors to a wide variety of services provided within your local community.

Increasingly, GPs are acting as the gatekeeper to a range of allied health and mental health services, and may help you access these services by completing a GP health care plan, which will not only help review and detail all your health problems and plan a list of actions for addressing them, but may also trigger access to

Medicare payments for various allied health providers. For example, your GP might complete with you what is called a GP Mental Health Care Plan, which involves assessing your medical and psychological history, completing a short questionnaire, and then you jointly sign off on a plan of action. Once you have completed one of these GP mental health care plans you may be eligible to attend a psychologist for a number of sessions of treatment subsidised by Medicare. This has been an important development in Australian health care because very often people with mental health problems are not able to afford the cost of seeing a psychologist.

Another type of plan your GP can complete with you is called a GP Care Plan, and these are useful in helping you do a stocktake of your ongoing health problems and may also provide access to Medicare subsidies for health providers such as physiotherapists, podiatrists and dentists. It is worth asking your GP whether you might be eligible for the benefits related to one of these plans.

Your GP is also an excellent source of credible health information. While it is easy to search Google or Wikipedia for health information, you will find a surplus of sites telling you the latest ins and outs of every possible illness. In the words of Australian ehealth pioneer, Branko Cesnik: 'The Internet is the greatest collection of misinformation the world has ever known.' Some of our patients have experienced a lot of grief from looking at websites and blogs and receiving misleading information. Your health is important and it is important to find credible information. While your GP can not possibly be an expert on every single illness, their approach to understanding health problems is based on science and evidence. Through their training, GPs gain a broad understanding and strong commitment to the scientific assessment of various treatments. For example, most of the treatments that your GP prescribes for you have been tested using clinical trials where patients who received the treatments are compared with those who do not and the effects are measured carefully in a systematic way. This is called the randomised controlled trial and it

is the centrepiece of assessing the safety and efficacy of medical treatments. Although in Australia there are many sources of health information, including alternative health practitioners, allied health practitioners and the Internet, your GP can be a good sounding board and help you to assess and interpret health information and recommendations and work with you to decide what is relevant to you and your individual health concerns.

One of the great joys of being a GP is getting to know your patients, and often the other members of their families, over an extended time. Not only does your GP have your formal medical records outlining your past medical history and medications and any tests that you may have had, but over time they develop their own mental filing system about you and your health background. Your GP will often know about illnesses that tend to run in your family and how you and your family manage stressful situations, and they can be well placed to pick up any unusual symptoms or changes over time that might indicate early signs of illness.

GPs also gain an understanding of the local culture and beliefs in a community and in many instances are a member or become a part of those communities. So whether it be a very specific ethnic background (for example, Chinese or Islamic communities), or even understanding a local area (for example, a farming community, a middle class suburb, or a socioeconomically disadvantaged area), your GP develops a real sense of the community context when a patient presents with an illness, and when contemplating the best clinical decision or referral option for you.

Research has been conducted that demonstrates some of the positive outcomes of having your own GP. The World Health Organization explored the benefits of continuity of care with a regular GP and found that the population in those countries with strong general practice had:

- Lower all cause morbidity (lower rates of ill-health)
- Better access to care by all members of the community
- Lower rates of people being readmitted to hospital after treatment

- Fewer consultations with consultant specialists
- Less use of emergency services
- Better detection of adverse effects of medication interventions.³

So now you know about the wonderful things GPs can do, you may be wondering where do you actually find your own GP. GPs are people like everyone else and have their own personality traits and flaws! In seeking out the best GP for you and your family, it is worthwhile taking this into account and trying to find a GP who fits well with your personality style. For example, some GPs have a very formal consulting style, whereas other GPs will be more informal and casual in their approach. GPs also have a variety of clinical consulting styles. Some GPs see themselves very much as the expert custodians of the medical knowledge and tend to instruct their patients about what is to be done, whereas other GPs tend to have a more equal partnership approach where there is more of a discussion and negotiation with their patients about implementing a treatment plan. There is no right or wrong, but it is best to find a GP you get on well with.

Closely coupled with this, is that GPs have different expectations about how long to spend with the patient and how much detail to discuss during a clinical consultation. For example, some GPs are very punctual and focused about being on time and will tend to have short sharp consultations, whereas other GPs tend to spend longer with patients, but this of course is often coupled with longer waiting times. If you have a complex clinical problem or perhaps a shopping list of issues you would like to discuss with your GP, it is a good idea to book a double appointment.

A number of authors have previously provided their view on what makes a good GP. One of those authors is Professor John Murtagh, a leading light in general practice who has developed the following checklist for GPs of the characteristics they should aspire to:

- Develop rapport and good communication skills

- Ask the right questions
- Be astute and observant
- Develop optimal ethical and professional standards
- Have a fail safe diagnostic strategy
- Develop supportive networks
- Know essential therapeutics
- Develop basic procedural skills
- Be well prepared for emergencies
- Know yourself and your limitations
- Have your own GP.⁵

Most GPs in 2013 work within a group practice. This means that you may need to see another GP in that practice when your GP is on holidays or unavailable. Increasingly, GP practices are more like multidisciplinary primary health care centres and may include a range of different health professionals such as general practice nurses, physiotherapists, dietitians, psychologists and other health providers. So part of the decision about which practice to go to is not just about considering the individual GP, but the overall services that each practice provides. Most GPs also have a few special clinical interest areas; for example, dermatology, sports medicine or mental health, so this is worth enquiring about, especially if you suffer from a long-term condition. Below is a list of some of the areas of special interests of GPs compiled by the Royal Australian College of General Practitioners.⁵

- Addiction medicine
- Aged care
- Antenatal care/postnatal care
- Breast medicine
- Child and adolescent health
- Custodial health
- Diabetes

- Disaster management
- Hospital medicine
- Integrative medicine
- Medical education
- Musculoskeletal medicine
- Pain management
- Psychological medicine
- Refugee health
- Sexual assault and domestic violence
- Sports medicine.

In seeking out a GP, if you do not have one already, here are a few more considerations. Word-of-mouth recommendations can be very helpful and the grapevine is a wonderful thing. Asking your friends or the local pharmacist or local community health centre can give you a pretty good picture of what services the various local GPs can provide. There are some accreditation processes that are worth considering also. Many general practices obtain a special quality stamp of approval from an organisation like AGPAL (Australian General Practice Limited) if they meet a comprehensive set of practice standards, which includes, for example, everything from management of records to cleaning processes for medical utensils through to patient recall processes. Also, individual GPs may or may not be vocationally registered, and it is worth checking if your GP is a Fellow of the Royal Australian College of General Practitioners, which means that they have successfully completed the exams and training requirements of the professional college of GPs in Australia, as this is another good measure of quality of care. All GPs have to be registered with the national medical board, through AHPRA, the Australian Health Practitioners Regulation Agency.

GPs are here to stay as the very human face of an increasingly technological medical system. A colleague of Professor John Murtagh, Dr Robert Rakel, summarises the issue well:

Regardless of how computer literate we are or how high our technology or whether the setting is urban or rural, good medical care in the future will continue to depend on patient care provided by a concerned and compassionate family physician. The physician will be governed by ethics, not economics, by a partnership with the patient, not politics, and by compassion and communication.... Good medical care in the future will depend, as it does now and always has, on the quality of our interaction with the patient.⁶

So as you surf or dance through life, to use the metaphors in the title of this book, your GP can be a great asset for you. As the medical professional who is working most closely to the community, your GP brings a wealth of experience and networks that you can access when you need them. Having a GP from ‘cradle to grave’ means that your GP gets to know you and your family and gets a sense of how best to assist you during the various challenges that you will face throughout your life.

Acknowledgement

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Endnotes

- 1 H Britt et al., *General practice activity in Australia 2009–10*, General Practice series no. 27, Cat. no. GEP 27, AIHW, Canberra, 2010.
- 2 *RACGP guidelines for preventative activities in general practice (The Red Book)*, 8th ed, retrieved from <http://www.racgp.org.au/download/Documents/Guidelines/Redbook8/redbook8.pdf>
- 3 World Health Organization, *The world health report 2008: Primary health care now more than ever*, WHO, Geneva, 2008.
- 4 JE Murtagh, ‘Paradigms of family medicine: bridging traditions with new concepts; meeting the challenge of being the good doctor from 2011’, *Asia Pacific Family Medicine*, vol. 10, no. 1, 2011, p. 9.
- 5 ‘RACGP National Facility of Specific Interests’, retrieved from <http://www.racgp.org.au/yourracgp/faculties/specific-interests/endorsement-networks/>
- 6 RE Rakel, ‘Family medicine-meeting new challenges’, *Australian Family Physician*, vol. 25, no. 9, 1996, pp. S91–S96.