Taking up the challenge of being proper family doctors

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A UK health leader wants a return to "proper family doctors" but what does that mean in today's system.

_Council chair Kate Baddock considers what matters most to patients and how well doctors cater to this_

"Proper family doctors" is a statement taken from a comment made by the UK's Secretary of State for Health when launching his vision for the future and the new GP contract.

He went on to say: "We are bringing back named GPs for the elderly. This means proper family doctors, able to focus on giving elderly people the care they need and prevent unnecessary trips to hospital". ¹

Where does a statement like this sit in the New Zealand context? Some of you GPs will read this and think: I do this already. Others will think: it doesn't fit our model of care. Wherever you sit, the future is in patient-centred medicine and "proper family doctors".

Twenty-first century medical practice has evolved to be highly disease-focused, technology driven, and biomedically oriented - often resulting in a fragmented and complex experience for the patient.

There have been attempts to shift this focus, and the concept of patient-centred medicine engenders this by aiming to reorient care to be directed solely towards patients' individual needs, values and holistic attributes (including physiological, psychological, social, spiritual and cultural).

In other words, we help a patient get what they want most - that might be the operation, or the medication under discussion - but sometimes those are not the things that actually matter the most.

Let me tell you a story. Mr H, age 82, felt there was nothing left to live for - he had heart failure, ischaemic heart disease, osteoarthritis and diabetes. But the reason he felt there was nothing left to live for was not because of all those diseases that he had, but because he had had to give up playing pool at the local pub.

He lived to play pool and had become too breathless and too sore to stand and bend over the pool table. So, we focused on getting his heart failure under control so he could bend without puffing and getting the pain control adequate so he could stand for longer periods.

On his 84th birthday, he told me he would now quite happily live till he was a hundred.

He was back playing pool - not just once a week, but two and three afternoons, and he was delighted. Life had become worth living again - not because we had fixed all his problems (although we had made some significant gains), but because he could now do what mattered
most to him.

This is the essence of patient-centred medicine.

The World Medical Association has distilled the following key points from policy on patient-centred medicine being developed by the World Health Organization. It says patient-centred medicine:

• is fundamentally relationship-based; it recognises the central and crucial role of the physician-patient relationship and the need for personalised, empathic relationships, which relate specifically to the context of the individual patient
• places human rights, dignity, non-discrimination, access, equity, participation and empowerment as preconditions for all aspects of the patient's interaction with healthcare
• describes an individualised approach to care; all aspects of care are built upon a fundamental respect for, and understanding of, the needs, values, cultural, social and spiritual context, and wellness of the individual - these attributes define the belief systems of the patient and must be addressed in delivering healthcare.
• is holistic; holistic care values the whole person and therefore care must reflect the complex interactions between the biological, social, cultural, spiritual and psychological attributes of any individual seeking care
• strives to empower the patient; empowerment goes beyond shared decision making, to recognise that the individual needs to have autonomy and self-determination in the decisions they make about their health.

Our job as doctors is not to help people to be well, but to give them the tools to help themselves to be well. We may give them 10 to 15 minutes, three to four times a year.

For the other 364 days and 23 hours, they are in charge of their own destiny. It is up to us to help them with the tools and the skills they need, to define that destiny the way they want it to be.

References
1. Personalised GP care will bring back old-fashioned family doctors, media release from UK Department of Health, 15 November 2013, http://tinyurl.com/o37ghje