



President's Speech – Dr Mary Favier

ICGP Graduation Ceremony – 2nd November 2019

Good afternoon and welcome to the Irish college of General Practitioners graduation ceremony. Welcome to all the newly fledged GPs; for the first time in their medical career's no longer trainees, and welcome to the families who supported them on this long road. A road I'm sure some of the parent's, and partners, thought was never going to end, indeed some of the trainees probably thought that too!

For someone like me who finished training almost 30 years ago, I remember it well, the sense of excitement, the sense of foreboding, the sheer relief to be free of study and exams. You need never do another exam again – although you probably will – but it will be by active choice, and it may be not for a while...

So now you are a general practitioner. Someone once described a GP as being the purest form of doctor. A doctor who sees a different person every 15 minutes, who sees them on their own, without prior filtering of the problem, without clinical supports, a doctor who relies on her head and her heart to determine a patient's clinical picture, who uses clinical skills and judgement before bloods tests and x-rays, a doctor who truly doesn't know what is coming in the door next, who polishes the fine art of dealing with uncertainty, of knowing that at the end of a 15 minute appointment decisions need to be made, decisions that cannot be passed up the line to anyone else, cannot be delayed while you wait for the test results, can't be deferred with 'we'll ask your GP to follow that up'. All on a background of increased complexities, increased health need and increased health expectations.

Every 15 minutes each patient presents with their unique story, a narrator describing a snapshot in time, in what is the book of their life. You may have never heard their story before or already know several chapters of the book really well, but you never quite know which narrator is going to turn up, as the scene and other characters may have changed. It is one of the challenges of being a GP – that of knowing a patient's story without presuming you know all the nuances or that it doesn't change.

As GPs what we do is low tech but highly complex. The lower the degree of differentiation of the problem the more expert you must be at determining the probable cause. Chest pain to a GP could be anxiety, costochondritis, injury, reflux, an embolus or angina to name a few causes. By the time that patient ends up sitting in front of a secondary care specialist most of the complexity and challenge of the diagnosis has been dissipated. The eventual diagnosis is unlikely to surprise.

When you entered medicine, and as medical students and young doctors you probably thought it was going to be all science and technology, as new GPs you now realise that a lot of the practice of medicine is actually social science, and as you extend your careers you will come to appreciate that the practice of medicine is as much an art as a science, no more so than in general practice.

As a GP you have become an expert at navigating between health, illness and disease. You have already become adept at differentiating between those who are ill but deny illness and those who are well but are convinced they are ill. As gatekeepers to the health system managing this equilibrium is one of our most important roles. An old adage says doctoring of the ill is easy, it is the doctoring of the healthy that's hard. And we do all this doctoring through over 27 million consultations a year in Irish general practice. To put it in perspective there are about 3 million combined outpatient and hospital consultations a year. So, we see a lot of people, daily, weekly, yearly. And of course our consultations don't just take place in front of a computer with the patient file open, they take place in the corridor, across the reception desk, on the street, through the car window, on the side of the pitch, in the supermarket as well as in the out of hours service and in the patients home.

As a GP who sees 25-30 patients a day you have become a doctor who saves lives. A lifesaving doctor. Across a professional career you are actually likely to save more lives than an emergency department physician. Of course, those lives saved won't come with blue lights flashing, but none the less it will be true. Even you, as the GP, may not know who they are, although you may guess. It will be the blood pressure appropriately treated, the patient who stopped smoking at your encouragement, the bowel cancer picked up early because you knew the patient was a bit 'off' and never comes to the doctor, or the patient who came to see you twice a week because they were going through a difficult time and you cared.

You will be the person who shows empathy when that may be all you can do, sometimes acknowledging vulnerability and showing solidarity as a patient travels a difficult road may be all you can offer but it may be more important than all the fancy chemotherapies, all the complicated machines and respite beds. Sometimes I know I have been at my most effective when I appeared to do nothing. I sat there, I listened, I nodded, I laughed at the black humour jokes, and provided tissues if the patient needed to cry.

You will be appreciated in and from places you least expect and won't be appreciated when you think you should be. But that's life. You know you're not in it for the praise, you're in it because you will make a difference.

And you will make a difference by knowing your patients, by providing continuity of care. Particularly as you become established in a practice, as you travel the road with them from their teenage acne, to having babies, to their first significant illness, to the managing of complex multimorbidity. You'll know which patients will deal better with challenges thrown at them and you will continue to be surprised by those who embrace the difficulty and soldier on. You'll be able to list the ten diagnoses some patients have and list all the medications tried without even consulting the file. There will be some you can't remember the name of, but you know they have a weird diagnosis of x, y, or z.

You'll also be the doctor that knows that loneliness and social isolation are as damaging to health as a chronic illness. You'll be the person that recognises that when a person attends the doctor much more often after they are widowed, it's not because they have become medically unwell, rather because their social and psychological constructs have been hollowed out. You, as the person who knows them and their loved one is best positioned to provide a listening ear, to be patient, to assist

them in their recovery. The role of isolation in chronic ill-health is felt most keenly by GPs and we are best placed to call it what it is.

You are also the doctor that recognises that adverse childhood events have a direct correlation with social exclusion in adult life. You are the doctor who recognises that equality of opportunity is not the same as equity. That when your start in life is challenging and damaged that it is nigh on impossible to recover and make the same gains in life that most of us here did. As a GP you will see this played out every day in your surgery as you encourage and cajole, advocating for timely childhood vaccinations, less sugary diets and more activity-based play. When you work in an area of high urban deprivation you see that additional supports are needed, more targeted health resources as well as better housing and job opportunities. One of the most important roles you will have as a GP will be as an advocate for the vulnerable and those who can't advocate for themselves.

You will become skilled at many things and fulfil many roles. As well as being a GP I have been a writer of educational materials in the college, a CME tutor, a student teacher, a lecturer, a chair of committees, a health advocate, a reproductive rights activist, an employer and a partner in a small business. All because I am a GP.

You yourselves may undertake any of those roles. You may develop an interest in joint injections, sports medicine, providing early medical abortion, looking after nursing homes nursing homes or work off site in sexual assault units or teach in a university department, all made possible because you are a GP. The diversity and creativity of GPs is something to be encouraged and nurtured. A diversity of ethnic origin is also a great asset and embraces the new Ireland where we welcome refugees and migrants, something we so often were ourselves in the past.

As a woman who entered medicine when there were few enough of us, I am particularly proud of all the new female GPs. There are particular challenges in our gendered society and profession for female doctors and many of them are hard to quantify. The subtleties of pressure that result in young women who are our brightest and best as students and trainees not prospering to the highest career levels in general practice is something we are alert to and as a profession we must work to ensure that equality does become equity in the future of Irish general practice. On a day like today there is so much to celebrate and it is reassuring to know that you too will push through that glass ceiling and prosper.

And remember you are as complex as your patients that you see every day, you too have needs and wants. You too must be defined as something other than being a doctor, being a GP. Whether you play in a band, have a talent for organising parties, grow spuds in your garden or excel at home baking, embrace the many parts of you. Being a GP is just one of them. Self-care will be as important for the long haul as keeping up to date. Patients' needs should not outweigh your own. Guilt is something doctors and GPs excel at, there is always the burden that there is more we can do, but I'm telling you practice letting go of all that uncertainty, shrug the world off your shoulders, ask others to carry the load with you, admit you're human and there isn't unlimited time. Family and relationships must be nurtured and sustained because you'll need them to sustain a long career in

what is a demanding 'in your face' job. A great job, one I wouldn't swop but nevertheless very demanding.

So, smile at the people beside you, the family and friends that have shared, lifted and carried you to get to this day, and celebrate your collective achievement. We are proud you are part of the College. It is a pleasure and a privilege to have you.