



President's Address to new Graduates at MICGP Graduation Ceremony 2018

FAMILY

Welcome to you all this afternoon to what is an exciting and special ceremony – the graduation of the class of 2018. You have all done so well to be here and it is a happy happy day. But lest we forget it, for every one of you, what you have become and what you will yet turn out to be, it is a team effort. I am the father of 5 children 3 of them doctors and I think I speak with some authority on what a parent goes through to get to a day such as this. I am also a dad and a husband and I know the wonderful contribution my wife and children have made in supporting me and moulding me into the doctor I am. So, before I say more I want to say thank you and three cheers for parents, for partners, for children and the wider community of friends who are here to cheer you on today. These are your backup team and long may they be so as you face into the hugely rewarding and very demanding life of a general practitioner.

WISDOM

You have all spent the past 4 years learning your craft, expanding the extent of your medical knowledge, subjecting yourselves to assessments and doing exams. You have had reflective diaries to fill video consultations to record and squirm through and a myriad of other hoops to negotiate. Today I say enough, enough of medical knowledge and the evidence base: today instead we will only speak of wisdom. That you are all very clever is a given, that years of effort and study have made you hugely knowledgeable is also true but wisdom is a slower project that yields up its fruits reluctantly and only over time. All the wisdom you will ever have is resident in you now but your mining of it, and that deep knowing within you, will if you are successful reveal to you what it is to be human. It is that essential insight, the matching of your humanness to that of another person, which allows for that personal communion with your patient. To know yourself and use that knowledge in the service of your patient is the task of wisdom and the making of a great GP.

EPIC JOURNEY

The epic poem is a fiction with the pattern of human truth embedded within it. It tells the tale of the restless hero who travels forth and has adventures and returns home to live the ordinary life. In the time before Greece was a power Homer committed his great poem to the page: he wrote of a man courageous and cunning, a man of great worth and of great flaws and he spoke of his convoluted and difficult journey from Troy to his home island of Ithaca. Odysseus the hero encountered great dangers not least the Cyclops and the man eating Lystragonians and his progress was thwarted by the sea god Poseidon. The Greek poet Cafafy draws on this for his great poem Ithaca.

“Do not fear the Lystrogonians, the Cyclops or the angry Poseidon
You will never meet such as these if your thoughts be pure

If a fine emotion touches your body and your spirit
You will never meet the Lystrogonians, the Cyclops or the fierce Poseidon
If you do not carry them within your soul
If your soul does not raise them up before you.”

When my youngest daughter was doing her medical exams that was our private joke “Do not fear the Lystragonians”. Such is what passes for humour in the O Brien household.

ADVERSITY

So, fear and adversity, danger and adventure are a part of the hero’s journey and it is no less so for yours. Your demons will include those inner fears- will I be good enough, will the work overwhelm me, will I make a mistake and many others. So know this, that if you hold to what you have learnt in your training, you are protected insofar as any of us are because error is unavoidable for us all.

You will have real and actual challenges and you will have many journeys to make, around the world perhaps, a career for sure, to make a family and have children maybe and even to make that great journey to the interiority of yourself where wisdom hides his face opaque. The intersect of insufficient capacity, diminished resources and increased demands has resulted in losses for patients such that, they now struggle to get access to general practice in a way that was never the case heretofore. Waiting times have lengthened, consultation times have shortened and the overspill from daytime work into the out of hours is becoming increasingly evident. The narrative amongst the state fund holders is that general practice is inefficient and does not embrace innovation and change. It is difficult to imagine that those who espouse such views have much experience of the inner workings of general practice. It is possible to practice a truncated version of general practice which restricts itself to symptom and disease management. It is possible, so doing, to avoid the personal lives that people live and the problems they encounter therein. It is possible to create a practice where no particular doctor takes over the care of an individual patient over time and where doctor and patient do not develop a long term relationship. Holistic, comprehensive and continuing care can all be stripped from the model in the interests of apparent efficiency but is unlikely to be to the benefit of the patient and runs the very serious risk of displacing even more work towards expensive secondary and tertiary care.

In a given year 1.2 million patients attend casualty depts., 1 million attend new outpatient appointments so this amounts to 2.2 million new attendances to hospital care. 25 million consultations take place in General practice in that same year which means that greater than 90% of patients are dealt with there and go no further. It is a puzzle to me how this is not apparent to politicians who have worked and trained in general practice but it is so.

Recently I had to read a Government paper on GP health funding which suggested inefficiencies in general practice and the savings to be made. The complete ignorance of the structure of a good health care system and the utility of the generalist in it, the narrow and superficial conceiving of general practice as an endeavour to treat diseases solely and the ignorance of the importance of the time spent with patients by the GP is the accountant’s version of health. It is the recipe for a health service which lurches from crises to waiting lists, to under provisions, to trolley counts and back to budget overruns. The last thing you

need in general practice is efficiency because that is not how patients and families function. By all means let us have quality improvement initiatives but that is another matter entirely and not to be conflated with efficiency.

Be inefficient and cast your net wide over human suffering. Your patients are human and their lives and their problems are messy and not readily categorised for the purpose of accountancy. Waste has no place in any walk of life but wasting time with people is not waste: it is how we come to know the contexts within which the problems they present are set and is the portal to a deeper understanding of them and the challenges they face. The holistic bio psycho social existential model is not just a form of words but rather the only way to put form to the unstructured stories that people bring: it is the broad avenue through which good care can only come.

A scourge of that great boon which is the internet is the negativity so evident on social media platforms. Very often it is merely the distress of those who wish for something to be better but have not the power to make it so. Kind and well-meaning people are overtaken by a rage: they lash out with hurtful invective, they blame those around them and spread a gloom, the power of which they do not realise. There are of course very serious and worrying developments facing general practice – insufficiencies of funding, a dearth of staff and manpower, and much else. The actions of the state through the competition authority to stifle a collective response to the asset stripping of the past 10 years has left many of those affected demoralised and bitter. But I urge you, do not heed the siren calls of the angry, and do not be lured into pejorative terms for your patients –heartsink, frequent flier and the like: hold to the values and idealism that got you this far and stand firm in the face of adversity.

The hard, the factual and the efficient speaks with conviction, so how then will we hold a space for the uncertainty, gentleness and patience. Love is a much misappropriated word and I hesitate to use it, so perhaps general practice is not love but something like it. General practice is relationship based medicine served by evidence where it exists. I have no evidence base to offer for the following but, if you feel their force as I do, then it falls to you to own up and to stand up for kindness, for patience and for empathy.

And so, to conclude, I wish for you all that you will be happy and well as you embark on your own individual epic journeys, that you will love your patients , that you will be loved by them and that the practice of medicine will for you, as it has for me, blow the heart wide open.

Dr John O'Brien
President
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