THE SOFT EDGES

The Natural History of General Practice — Chris Ellis

The natural history of a condition is the course it takes when it is left untreated. The natural history of the condition known as general practice consists of an untreated journey of several well defined stages. At first it resembles a post graduate grief reaction of disbelief, then denial, then depression and finally acceptance. One sets out thinking it is a career but it is not. A career is a succession of jobs arranged in a hierarchy of pay and prestige through which persons move in a reasonably ordered and predicted sequence. In general practice, when you start, you have already ended. What in fact happens is not a career path but a process of individual evolution. This evolution has the inevitability of an infectious process with an incubation period progressing to florid symptoms and culminating in a crisis followed by a convalescence.

The start is the stage of disbelief. This takes the form of amazement that large parts of the medical curriculum are irrelevant to most of the day's work. There follows a slow confirmation of these initial suspicions that doctors actually practice the way they do — and also that patients actually behave the way they do.

Then gradually comes the dawning that practicing a human science is both scientific and irrational, complex and personal, congruous yet with great individual variation. It consists of the revelation that some patients will love you and some will actually hate you and that human beings (and partners) are both fickle and fragile. These exposures all occur in the early years amongst great excitement, enjoyment and a steep learning curve. It is the time of proving to oneself how successful one is going to be.

This all builds up to about the ten year mark in the doctor's late thirties, when one day he looks at tomorrow's appointment book and knows every patient on it and what they will actually complain of. This can easily turn, if not watched, into terminal boredom with secondaries to the spleen. The symptoms of this stage are irritability and cynicism and a certain restlessness. A lot of medical knowledge is now beginning to be replaced by more useful pursuits such as a single figure handicap or other forms of vigorous exercise such as gently brushing the dust off some 1978 vintage reds that are quietly maturing in the cellar. Insidiously one is seroconverting from a YUMP to a WIMP. That is, from a Young Upwardly Mobile Practitioner to a Wornout Immobile Medical Practitioner.

We Wimps have such a catalogue of acquired foibles that it is difficult to pick out a special one from amongst all the others. Nevertheless, almost uniformly, we become exquisitely sensitive to any hint of rejection by patients or colleagues. At even the slightest rebuff we subside into emotional haemophilia. One acquires what is known in the trade as high strength recognition needs. This means one can only manage life on cleverly delivered adulation and subtly varied applause.

It is also at this stage that the greatest realisation of all comes — that the overdraft is forever. Yet, despite the eternal overdraft, there is a material affluence that comes with a host of hypertensive pathologies called leases, hire purchase, income tax and bondage.

This much quoted middle life crisis is followed, for most doctors, by the

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stage of acceptance after all the mistakes, hot flushes and questioning about one's life's work. One accepts *accidie* which is the word theologians use to describe the sin of failing to do with one's life all that one knows one could do. Thus there is either an acceptance of this perceived failure and a recovery with renewed vigor, or a lapse into a brooding on the effects of the wear and tear of life.

An interesting manual on the effects of wear and tear on aircraft engines has recently been produced which seems to mimic this natural history of general practice rather closely. The manual states that there are several failure patterns that an aircraft engine can have. The most well known one is called the Bath Tub Curve. The graph starts with a short curve down (one end of the bath) which is the "Burn In" time when a lot of initial engine failures occur. The curve then flattens out (the bottom of the bath) which represents the hard working life of practice for so many years when the engine functions well and then, at the end, the sharp curve up at the end (the other end of the bath) when you burn out.

There is an *acceptable* failure rate for an engine in burn out, which is rather a nice concept, however all is not well in the world of aircraft engines. In the words of the industry "some startling changes in the patterns of equipment failure have emerged". Recent research has revealed six basic patterns of failure. Now this is more like it. Imagine a choice of six!

The first is the bath tub pattern which we have described as failing at the beginning and then pulling yourself together and somehow keeping it under control for the middle years and then burning out with panache at the end. The next pattern is slowly but steadily getting worse which is represented by a descending straight line or, on the brighter side, slowly getting better which is represented by a rising straight line until you extinguish. There are a couple of rather mathematical ways of breaking down and then for connoisseurs of failure, there is my favourite which is number six. It is a constant straight line which has the comment "constant probability of failure at all ages".

It says it all, doesn't it?