

A Labour of Love: Why It Is That General Practice Is Still a Good Place to Work

On the Road Again – From Dusk Till Dawn: Doctoring as a Road Movie

The shift begins. A brief meeting in the office, check equipment, check documents, have a glimpse at the jobs on the screen, and see which jobs are coming up. I take the *Toughbook*, the mobile laptop with aerial connection to the central server, Adastra, meaning ‘to the stars’. The *Toughbook* is logistics, patient note diary, and work planner all in one. I wonder what challenges I should expect on the job: the *Toughbook* is designed to assist special forces in their raids, to survive explosions and it has credentials for working on oil platforms and in desert conditions. On the other hand, the vehicle that is loaned to us occupies a miserable position in the prestige hierarchy of cars – a Skoda with added extras.

We have a Skoda with added extras! The extras include bright lights at each side of the car to illuminate house numbers and names; and a sign saying ‘doctor’ on top, which from behind reads ‘meddyg’, doctor in Welsh.

Off we go. The *Toughbook* heralds each new job on the system with a little ping. We need to organize the sequence of jobs by urgency and by geography. People may have to wait.

Mountains and sea dominate the epic scenery. Most tasks are in the limbo land of living with frailty and disability at the intersection of secondary care, primary care and end-of-life

services. There is a rhythm: the encounters are intense and emotionally charged and the doctor has to bring all their resources to the job: asking the right questions at the right time in the right tone, questions to the patient and the people who made the call. Family members or others may speak for the patient and the doctor has to negotiate with them about what should be done. In Out-of-Hours, visits are away games, I am a guest, there are no hospital rules and there is no reception. During home visits, the information about the life world of the patient is almost overwhelming: too much information! Pictures on the wall, paraphernalia of living with illness and disability, media, clutter, everything matters, and everything tells a story.

The contrast is intense. Many patients' lifeworlds have shrunk to their house, a chair, or even their bed. Yet through the window, I see the majestic backdrop of Snowdonia. The conversation about what to do or not, what is wise, which battles to take on, and how to assist a good death at home or avoid death at all cost, these conversations are intense. Back in the car, I type notes in the *Toughbook*, as we head to our next destination. It is an idyll. No pop-up messaging, no people knocking at my door, no extra list with multiple decision points. No, it is a pure journey in a quiet space with a quiet driver. Bliss. Some words. We are together. Hedges, dry walls, cattle in meadows, wind-bent trees, epic views, it is a road movie. 'Stunning view! Shame it is Amlwch we are looking at', says the driver.

We become familiar with the geography and organization of supported care. Nursing homes, residential homes and dementia care. We are regulars.

Tomte Tummetot was my favourite childhood cartoon figure. In this Swedish children's book, he is the good goblin who looks after the farm at night. When our car rolls up the driveway of a former Manor House, now a Care Home, I feel like Dr. Tummetot entering the scene with his worn leather bag and doing what doctors have been doing for the last 2000 years. I visit the helpless, I come in crisis, I talk and touch. This is the essence of doctoring; it is the archetypal scene of medicine and I have to use my senses, my doctoring craft, and my human warmth. Archaic medicine. It is extremely satisfying.

When the day dawns and we are heading back to base, I feel tired and happy. Another night, some more locations are added

to my mind map, and more memories are attached to places and situations.

It is a good place to work.

Bad News

I had been trying to contact Joan for the past week. A chest X-ray taken during a recent hospital admission for pneumonia revealed possible lung cancer but she self-discharged before she was told the diagnosis. She didn't have a landline and wasn't answering her mobile phone. I was walking past her tower block on my way home from the surgery, so I decided to try and tell her the news in person.

I first met Joan about fifteen years ago, soon after I started at the practice. She grew up in a poor area of Glasgow as one of seven children. She had invisible wounds from her childhood, which revealed themselves as I got to know her. It might be why she had fallen out with all her siblings over the years, except for one older brother who lived near her in London. She told me that he had always looked out for her when no one else did. She was quick to notice any real or perceived slight. Enough people had let her down in her life to make her frugal with her trust and quick to withdraw it.

Because she wasn't housebound, I had never seen her at home before. She lived on the seventh floor of a tall grey Council block. The paint was peeling from around the front entrance and when I got buzzed in, a heady mix of cannabis laced with urine hit me in the face.

The Council blocks in the Estate nearest our surgery were built in the 1970s. A patient I got to know when I first started working at the surgery told me how delighted she and her parents had been when they were rehoused in one of these flats – they were the height of modernity back then, with central heating, modern plumbing, and reliable electricity. They held the promise of a new future where their residents' lives mattered, and families could have opportunities they had been denied for generations. This is another promise that hasn't been kept. Our area is plagued with gang crime. The boys who are knifed or who are the hoodie-wearing attackers live on this Estate. The explanation that is felt but not articulated amongst our politicians is that the fault lies with the people who live here, whom they blame for not being able to offer their children a brighter future.

But how would you go about that if it were you?

There are different lifts for odd-numbered floors and for even. But in any case, on that day neither lift was working and so I took the stairs, feeling a cold draft on my face as I climbed up. It was getting dark and I wished that I didn't feel on edge as I made my way upstairs. When I passed a young Black man running downstairs, I flinched and my pulse raced. My reaction disappointed me.

Joan opened the door cautiously, with the chain done up and was clearly astonished to see me.

'Oh my God, it's bad news isn't it?', she said as she let me in.

I sat with her in the front room recovering my breath. We were still for a few moments, and neither of us said anything. I took in her front room, the worn sofa, covered in a colourful-knitted blanket and magazines, the single armchair, and the television which she switched off when I sat down. We looked at one another and it seemed brutal to break the silence and end that moment. 'Joan, I don't know, but I'm afraid it might be – I'm so sorry.' I told her about the diagnosis. I was expecting tears and distress, but actually she was surprisingly calm.

'You know, I'm not surprised. I thought it would be that, I knew all along really, it's why I couldn't stay in that hospital any longer. Well, I'm just glad it was you who told me.'

There was a moment when both of us had our guards down. We could acknowledge that life can deal you these curve balls. I couldn't help her to dodge it, all I could do was stand next to her when it came spinning towards her. 'Well I'm just glad it was you who told me.' Those words kept echoing in my head for a long time afterwards, bringing tears to my eyes unexpectedly. The privilege of being allowed to stand next to her, being part of each other's stories, those moments of connection that dissolve me, that pull the best bits of me out of me, that's why I want to keep working as a GP.