

HASLAM'S VIEW



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Why is general practice undervalued?

GENERAL PRACTICE HAS BEEN HAVING A TORRID TIME RECENTLY.

Everyone in primary care is working so hard, not only dealing with more consultations than ever in a mix of face-to-face and virtual consultations, but also playing a major role in the COVID-19 vaccination programme.

Yet, the undervaluing of general practice has been an ongoing problem for years, and most of us will have been faced with the question: 'So are you a specialist or just a GP?'

Many of us will have had to listen to occasional dinosaurs in other specialties who have decided that GPs primarily deal with trivia, and the complex medicine is dealt with only in secondary care.

It is this ongoing ignorance that makes it essential that every medical student and junior doctor should spend a significant amount of time in general practice, if only to open their eyes to the complexity of the role.

Your next surgery could contain a patient with one of the rarest conditions in the world. To make life even more challenging, you've no idea when it might happen.

I had two particularly memorable examples in my career. One was a patient with a rare neurological condition that at the time had only been reported eight times in the world literature.

The other was a patient whose remarkable endocrinological

condition was not strictly small print, but was hardly an everyday occurrence.

Many years ago, I had started this patient on lithium for her debilitating bipolar disorder and the treatment had completely changed her life. She had been irritated about having to come for regular blood tests, and after 12 symptom-free months we thought it worth a trial off the medication.

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She deteriorated so rapidly and remarkably that we then agreed that she would not stop the therapy again, and every 12 weeks or so she came in for routine blood tests to ensure that there was no evidence of toxicity.

A couple of years after this restart, I noted that her renal function was slowly deteriorating. Further investigations revealed definite, if mild, renal failure. Eventually it became clear that she had primary hyperparathyroidism. I claim no credit for this discovery. I had referred her for guidance as to what I should do about her renal function, and the consultant

who saw her not only made the diagnosis but sent me a paper from the *British Journal of Surgery* showing that this was almost certainly associated with her lithium therapy.

At the time of referral there had only been 38 cases reported in the world literature - and here was another case in my own practice.

So we discontinued her lithium, and gave her an alternative antidepressant. Sadly, she promptly deteriorated so rapidly into a manic state that she needed urgent admission to an inpatient mental health unit. Once her depression was stabilised, she had a total parathyroidectomy, was started again on lithium, and from then onwards was perfectly well.

The moral of this story? She was just an ordinary patient in an ordinary general practice, but her problem was extraordinarily rare, with major physical, psychological, and social implications.

I find it incredible that there are still people who think general practice is a simple specialty that lacks intellectual challenge.

Tell us what you think?

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