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Do surgeons or GPs take the greatest risks?

I WILL NEVER FORGET HIS WORDS. A FEW YEARS AGO, I WAS TALKING TO a senior surgeon about something or other – quite probably cricket – when out of the blue he said: 'I just don't know how you GPs do it.' I was puzzled. 'Do what?' I asked. 'Face all that risk every day,' he replied. 'I couldn't cope with that. I need things to be much more straightforward.'

Ask ten thousand people which they think is the riskiest – surgery or general practice – and the only ones who will answer general practice will be surgeons or GPs. To the vast majority of the population, the drama of surgery looks horrifically risky.

I've recently re-read Henry Marsh's wonderful book on his life as a neurosurgeon *Do no harm* and his sweat-inducing descriptions of clamping an aneurysm deep inside the brain are beautifully written, and clearly packed with risk. How can an average day in an average general practice possibly compete for adrenaline?

The challenge facing GPs is a really complex one. Most serious diseases start with common symptoms. In retrospect, it will be all too clear that the niggly headache was the first sign of the brain tumour that was eventually diagnosed. Niggly headaches are common. You might have had one today. I certainly did. The vast majority of niggly headaches are caused by relatively harmless conditions such as stress, anxiety, a cold, or sinusitis. So faced with someone with a niggly headache, should the GP arrange a scan? In most cases probably not.

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So the task of general practice – of recognising when symptoms do need to be taken very seriously – remains an extraordinarily tricky and critically important one.

I recall some years ago keeping a note of the symptoms of every patient who came to see me over a week. Virtually all of them could conceivably have been the first symptom of cancer – sore throat, back pain, constipation – but they weren't.

The average full-time GP will be consulted between 6,000 and 8,000 times in a year, and will only see eight new cancers per year. So spotting these cases involves a very high level of skill indeed.

You can see exactly why that esteemed surgeon absolutely understood the challenge of working in primary care.

The drama may not be as great as it is for those who skilfully wield a scalpel while working medical and surgical miracles. However, a life that is saved by early diagnosis is just as much a life as one that is rescued from a life-threatening event.

We all have very different skills. As my wife often comments on seeing my DIY skills, particularly when recounting the story of the time I sawed the wrong end off the kitchen door when it was sticking: 'Thank goodness you never became a surgeon.'

How true. How very true....

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