

The Diamonds of General Practice – Diagnosis

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Greetings! General practitioners, high bohemians of medicine

THE HEALING DANCE

We are in the Kalahari desert in Botswana. The sun goes down. A bonfire flares up and attracts people from the dark. In low voices and slow motions they start to sing, clap and dance. The atmosphere intensifies. The dance grows wilder. The participants aim at a crescendo where The Healer falls into trance and passes over to The Other Side. Here The Healer meets with The Ancestors' spirits, discuss the patient with them, and takes their prescription home to this world.

Colleagues,- we are in the Kalahari desert in Botswana, exploring health and healing among The Bushmen. The healing dance is their main medical technology. The Healer has given them hope, relief and cure for 30 000 years.

The Healer of the Kalahari is a general practitioner par excellence. Which are his – and our – diamonds? Diamond derives from Greek adamas which means: The Invincible. In this lecture I will explore the diamonds of general practice. Which are the gems that have made us invincible from the dawn of medicine and may give us carrying capacity into the future?

THE DIAMONDS

The Diamond of Solidarity

The number 1 for ever diamond in general practice is solidarity. We care for people where they are. We are the commoners of medicine, not the noblemen of Harley street or 5th avenue. The GP stands for availability. He works in the midst

of society. Therefore equity and general practice are allies. We carry another political diamond. Growth in medical costs is a major threat to national economies. WHO is clear in the recommendation to all European governments: Let the low cost and high benefit doctor, the general practitioner be the corner stone of your health care system. Without the foundation of general practice, The House of Medicine will crumble – like a Tower of Babel.

The Diamond of Comprehensive medicine.

Our next precious stone is The Diamond of comprehensive medicine. The very word health is derived from old Norwegian Heill and old English Hal meaning The Whole. The Danish thinker Piet Hein defines health in this way:

Health is not bought with a chemist's pills
nor saved by the surgeons knives.
Health is not only the absence of ills
but a fight for the fullness of life.

Health is wholeness. Clinical craftsmanship 360° around the human being is our commitment. We are specialist in generalist medicine which means reading the patients' signs in the context of her history, her relationship with family, God, the bank and her broken dreams. This is our most distinguished competence: To make medicine work, grounded in the totality of this unique patient, on this strange Thursday, on this peculiar spot on Earth.

The Diamond of Realistic medicine

From our third jewel radiates sobriety and common sense – that is the Diamond of Realistic medicine. You are reality doctors – not superspecialists ridden by obsessional perfectionism. In South-Africa I met a colleague, a traditional healer with an enviable name, he called himself: Professor Goodenough. You are the professors Goodenough of medicine. Realistic medicine is together with the patient to identify The-enough-point when it comes to prevention, diagnosis and treatment. Modern medicine promises people too much. Specialists and public health doctors emerge as the new Almighty heralding the zero vision, zero risk, zero suffering, zero disease, zero death. The burden of perfection makes doctors sink with exhaustion. The utopian expectations make patients sink with

frustration. We need you, the general practitioners to reveal medicines God delusion. We are art-of-the possible-doctors helping our patients to reconcile with life as a mixed state. The GP sings with Camille Paglia: We must accept our pain, change what we can, and laugh at the rest. The general practitioner is master of non-perfection. Hold fast to it – it ought to qualify for the Nobel Prize in medicine.

The Diamond of Courageous doctoring

Diamond number 4 is a risky one. The GP is the great risk taker in medicine. For the sake of our patients health and wellbeing we can not practice according to safety first and enrol them into a perpetuum mobile of CTs and Pet Scans at the first shadow of disease. Furthermore, the very carrying capacity of our health care system will break down if The Safety First imperative and The Zero Vision should prevail in general practice.

The Diamond of Personal doctoring

Our next diamond is personal doctoring. Modern medicine is bewitched by rationality. Modern techo-medicine approaches the patient as a bodily thing. An old woman expresses this feeling of being made an object in elegant words: “When I go to see my doctor, I feel like a transport medium carrying my disease to him. But I am not my disease. I am me, a human being.” Colleagus, we are dedicated to human beings, not cells, patients not ICPC-codes, lifetimes, not solitary moments. Our patients are tales of the unexpected. While many doctors are double-blinded by objectivity and scientism, the GP’s eyes try to find the patient’s eyes creating what Martin Buber calls “a meeting between an I and a you”. When a diagnosis enters into a person, a new disease arises every time. Every time a new illness arises, sculptured by this person’s history, character and life situation. Therefore, each man becomes ill in his own way. Therefore, personal doctoring, based on continuity and empathy, is the very Koh-I-Noor diamond of medicine.

Personal doctoring comprises more than accumulation of clinical knowledge. There is also a moral quality in personal doctoring. Personal doctoring has a flavour of moderated love. Healing is person and passion – combined with science and technology.

The Diamond of Salutogenesis

From our next diamond shines the bright sides of life and health. Dignity and freedom are major determinants of health. These health sources may be drained:

- By a hyperactive biomedicine mongering disease.
- By an imperialistic public health apparatus designing ideal norms for bodies and lifestyles.

People who deviate from medicine's normality may fall prey to stigma, shame and blame. Medicine sentences health to death in a prison of fear. Protection, prevention, discipline and self-denial are the mantras of health promotion. Lost in the wilderness of risk and lifestyle commandments is health as joy, courage, meaning and freedom to do experiments in life. General practice may be a haven for asylum seekers from the postmodern tyranny of health. The GPs can act as tranquillizers, moderating the culture of fear created by stern epidemiologists and dramatizing media. The GP conveys that man and society gain health by:

- Accepting certain risks
- Finding peace with some milligram Sin
- Loving five ton reprehensible lifestyles.

The general practitioner is not a lifestyle police, nor an archbishop for health and sanity. We stand for generosity. Like Dr. Rieux in Albert Camus' *The Plague*, the GP has discovered that "there are more things to admire in men than to despise." We are intrigued by people, also people in the social lowlands. Like John Berger's *The Fortunate Man*, every general practitioner accumulates admiration for the patients' ability to live, cope, fight, love and laugh – even when existing at the abyss. The doctor's respect builds dignity in the patient.

The Jungle Diamond

Our last diamond is almost lost – in the jungle. There is now an urge worldwide for more research, documentation, quality control and evidence based standards in clinical medicine. This is good, but I see a danger for scientific overkill of clinical judgement and personal wisdom accrued out there, in the Jungle. The GP is the streetwise guy of medicine. Science must never be the one and only

true love for the general practitioner, because the consultation room is also loaded with values, basic instincts and poetry.

Colleagues, these are our diamonds. Diamonds are the hardest material on earth. They develop under extreme pressure and immense heat. Are they for ever? Yes, but they are in:

THE DANGER ZONE

External invaders

Our diamonds are threatened by external forces:

- The gospel of evidence-based medicine trying to standardize care.
- New public management reducing patients to production units.
- The postmodern mentality celebrating the perfection of the piece at the expense of the whole.
- The holy market transforming the patients to sophisticated consumers.
- Governmental agencies recruiting the GPs to be their obedient servants.

We shall overcome the external threats. More dangerous may be:

The enemies within

The Big Three enemies within general practice are:

The wasteland of research

There is a tradition for intellectual laziness in general practice. We are doers, more than thinkers. General practice is the jazz of medicine, and the general practitioner is the bohemian among doctors, states Marshall Marinker.

Approved,- souls and blues are valuable parts of general practice,- but so must be: Research, construction of our scientific foundation and self-critical appraisal. Our humanistic profile, our commitment to the person, our identification with the art of medicine – may be:

- A hiding place for incompetence
- A masquerade for professional stagnation

General practice suffers from a research deficiency syndrome.

Sir William Osler states: “ ... But faith in ones powers; in ones mission, is essential to success.” True, but modern minds demand more. They do not trust psalms of praise – song to ourselves. They crave facts. With research we must explore our diamonds. With scientific brutality we must define the carat of our diamonds – are they real, are they glass, are they plastic? With research we must refine our tools and scrutinize the results of comprehensive, realistic and personal doctoring. What are the effect, the gains and losses on patient satisfaction, on clinical outcome, on epidemiological endpoints?

The flavour of money

Enemy within number 2 is money. Nietzsche says: “Where the market begins, the noise of the comedians starts, and the summing sound of poisonous flies.” I do not accuse the general practitioners for greed. No, no, no. But what alarms me is the immediate rejection of any attempt to reflect on the question: How does money – financial incentives, payment systems, fee for service, price per capita, fixed wages – influence clinical practice? We all know that money may confound, some will say pollute, the way doctors work. We should not cover up this flavour of money in a conspiracy of silence. For the sake of quality of care, for the sake of the trust of our patients, for the sake of our own moral self-esteem – we ought to confront, research and take action on the money-medicine-connection in our practices.

Make love, not war

The last enemy within general practice is a paradoxical one. It is our kindness, softness, politeness – our propensity to make love, not war – in itself noble virtues, but unsuitable in the fight for survival. There is an eager to please mentality in general practice that makes us easy prey to surrounding superpowers. Our diamonds need defense, sometimes war. We belong to the species vertebræ. We are not amoebas, nor flagellas. We do have spines! So more often, more brave we must stand up and fight for:

- The Diamond of Solidarity
- The Diamond of Comprehensive medicine
- The Diamond of Realistic medicine
- The Diamond of Courageous medicine
- The Diamond of Personal doctoring
- The Diamond of Salutogenesis

- The Jungle Diamond

Piet Hein says: Time is the most stupid invention of man – should be used to boil eggs only. I will approach the end.

THE LAST DANCE

Colleagues,- general practice may be in trouble now. We need the Energy, the vital power, guarded and provided by the ancestors' spirits.

A bonfire lights up. General practitioners emerge from the shadows. Gradually they start to sing, clap and dance, monotonously, compelling, to build up Energy. Finally The Healer enters trance and passes over to The Other Side. Here he consults with the spirits of great healers. He presents the case: "There is confusion now in the universe of general practitioners. They are bewildered between old virtues, and new sins - imposed upon them by market economy, by new public management and by rigid scientism. The ancestral spirits and ancestral spirits to be, contemplate and negotiate for a long while. Then they write their prescription to heal their fellow general practitioners:

William Osler:

And from the standpoint of medicine as an art for the prevention and care of disease, the man who translates the hieroglyphics of science to the plain language of healing, is certainly the most useful.

Ian McWhinney:

If we are to be healers we have to walk hand-in-hand with our patients through the territory.

Julian Tudor Hart:

... doctors and patients will both have to learn that diagnoses are not beasts in the jungle to be hunted, but human stories within real lives to be understood.

Iona Heath:

Each person and each context is unique and this is the joy and the challenge of general practice care.

Colleagues,- the last words of this lecture, I give to my inspirator, the healer in Kalahari. His last words, spoken in a voice of velvet and nuclear power, was:
We still dance - and it will never end.