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PRIMARY COLOUR

Helen Salisbury: Managing feelings of failure

Helen Salisbury *GP*

Most of the time, being a GP is a deeply satisfying mixture of being useful to others and feeling intellectually stimulated. In a single surgery you'll see some patients with problems you recognise immediately—a shingles rash or new onset gout, where you know the diagnosis and have confidence that the treatment will work.

You may see a mother and baby for their postnatal and six week checks, a chance to congratulate the parents and coo over your new patient, as well as advise and reassure. Perhaps the next patient will offer a diagnostic challenge, a puzzle to work out with symptoms that don't quite add up or blood results that don't fit the clinical picture. These difficult cases can be satisfying too, and if you're lucky enough to have accessible hospital colleagues there's sometimes a chance to pick their brains and expand your knowledge.

However, general practice consultations can also be frustrating. In England 6.4 million patients are currently on waiting lists for non-urgent care, and their symptoms persist while they wait for their appointment.¹ Many suffer in silence, but others come to see their GP again: "Is there really nothing more you can do, Doc? I'm not sure I can go on like this." All we can offer them is empathy, and perhaps a change of painkillers or another sick note if they still can't work. Sometimes there's a dismal merry-go-round of the patient phoning the hospital to ask for treatment to be expedited and being told that the request must come from their GP. Alas, the chances of a letter making a difference are very slim unless there's been significant deterioration, so our efforts are wasted, and we're back where we started.

Another group of patients have longstanding problems and have already seen more than one specialist, but no one has found an effective treatment for their symptoms. They're disappointed at the collective failure of doctors to find a cure or sometimes even a diagnosis. However unrealistic it may be to think that we can always heal, I share their disappointment, and I catch myself tensing up on reading their names on my surgery list. It's important not to let that tension show, and I must consciously let it go before the patient comes into my room, so that I'm relaxed and welcoming. It's not their fault that their presence reminds me of the inadequacy of my skills and the incompleteness of modern medicine.

The term "heartsink" is no longer acceptable when applied to patients, but it does accurately describe the feelings of expectation of failure that can be triggered.² If I can recognise and regulate my own emotional weather—be that disappointment, frustration, or irritation—I'm more likely to be able to offer support, even when there's no solution.

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- 1 Duncan P, Campbell D. NHS England waiting list reaches another record high in March. *Guardian* 2022 May 12. <https://www.theguardian.com/society/2022/may/12/nhs-england-waiting-list-another-record-high-march>
- 2 Moscrop A. "Heartsink" patients in general practice: a defining paper, its impact, and psychodynamic potential. *Br J Gen Pract* 2011;61:346-8. doi: 10.3399/bjgp11X572490. pmid: 21619766