



VIEWS AND REVIEWS

PRIMARY COLOUR

Helen Salisbury: Did you save any lives today?

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Did you save any lives today? “Not obviously,” most doctors would usually answer. But a recent study on continuity of care found that maybe we did,¹ just by being in the same outpatient clinic or GP surgery over time, seeing the same patients.

Sometimes I feel like a dinosaur, clinging to traditional general practice while the meteorite of new care models approaches. But what’s at stake here is not just the patient’s longevity but the quality of care and—dare I say it?—the possibility of enjoying my work and avoiding burnout.

I recently visited an elderly patient who is in the late stages of dementia. He initially looked blank, but when told my surname he said my first name and smiled. I remembered how, before he was ill, we would squeeze fascinating conversations about his work around our consultations. For him and his family it matters that their doctor knows who he was—and still is, deep inside.

I try hard to treat all of my patients equally, but it’s easier to care about the people you know, and caring makes the work easier and more interesting. As money flows into technological solutions for the predictable (and predicted) shortage of doctors and nurses we should stop and think hard about what we risk losing.

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Even if artificial intelligence driven chatbots were able to provide accurate diagnoses—and that’s a big “if”—this is only a small part of what doctors do, and arguably the easy bit. Will we be able to teach RoboDoc to have a subtle conversation with our patient about whether or not she’s actually taking her tablets and explore the reasons why? Can it listen while the disabled

patient spills his grief and frustration about delayed benefit payments, deteriorating walking, and poor sleep, working with him to come up with a plan to help?

Continuity of care is about knowledge that may not be written anywhere accessible: knowing that a patient’s father died of a ruptured aortic aneurysm makes his intense worry about mild abdominal pain understandable. Or this knowledge may be something that can’t easily be captured in words: how does this patient normally look or behave? More mundanely, this knowledge means that you can pick up where you left off last time, making consultations much more efficient.

Continuity of care is also about trust. When consultations are going well, patients entrust their symptoms, thoughts, and feelings to doctors, believing in our competence and goodwill. For many patients it takes time to build trust. And, if it’s too embarrassing to talk about blood in your poo or to bring your testicular lump to be examined, today’s opportunity to save a life may be missed.

Competing interests: I am a GP partner, I teach medical students at Oxford University and St Anne’s College, Oxford, and I answer readers’ medical problems for *Take A Break* magazine. I am also a member of the National Health Action Party and serve on its national executive committee.

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1 Pereira Gray DJ, Sidaway-Lee K, White E, Thorne A, Evans PH. Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality. *BMJ Open* 2018;8:e021161. 10.1136/bmjopen-2017-021161 29959146

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