Oxford

helen.salisbury@phc.ox.ac.uk Follow

Helen on Twitter: @HelenRSalisbury

Cite this as: *BMJ* 2021;372:n293<http://dx.doi.org/10.1136/bmj.n293>

Published: 02 February 2021

PRIMARY COLOUR

Helen Salisbury: Trust me, I'm the family doctor

Helen Salisbury *GP*

"Family doctor" might be an old fashioned way of describing a general practitioner, but it has some useful connotations. It indicates a relationship that stretches from postnatal checks and childhood illnesses, through pregnancies and long term conditions, to palliative and end-of-life care. I might consult with several members of the same family in the space of a week and sometimes have to listen carefully to multiple versions of the same events. A core skill of being a GP is remembering who told you what and being careful not to betray a confidence by responding: "Yes, I know."

The family doctor conjures an image of someone known and trusted, with a relationship not just to an individual patient but to several generations of the same family. These kind of credentials might be easier to establish in rural areas, and the role can have its downsides: too much closeness can feel claustrophobic, and younger patients might respond by seeking someone new, especially in their teenage years, although in practice many do choose to stick with a familiar face.

Shortages have been part of this pandemic—beginning with a run on hand gel, loo roll, and pasta and reaching a frightening peak with the scramble to source masks and other personal protective equipment. Our current shortage is vaccines, with supplies arriving in unpredictable fits and starts, and sometimes without enough syringes to give them. But an even more important thing needed for the successful handling of a pandemic is trust—and this too has been in short supply.

Poor decisions at a national level have led to the worst death rate in the world, making a general absence of trust understandable. But doctors rate highly (second only to nurses) in the public perception of trustworthiness.¹ In December, we invited our first cohort of patients for vaccination. At that stage, we had no access to the more portable Oxford-AstraZeneca vaccine and no information about when we would be able to use it for home visits. Some of my oldest patients live in multigenerational households, and many were brought to the surgery by younger family members, sometimes after long phone conversations about why this was important. Six weeks on, with high levels of infection in our city, covid-19 is affecting younger members of these households, but the oldest remain well, almost certainly due to combined efforts to get them vaccinated.

Most patients will rush to have the vaccine, but a minority will feel anxious and unsure, and this is where we can make a difference. Family doctors across the country are using the relationships of trust they have built up with their patients to save lives one at a time. We do this by looking at our lists of vulnerable patients still not vaccinated and picking up the phone.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

¹ Ipsos MORI. Ipsos MORI veracity index 2020. 26 Nov 2020. <https://www.ipsos.com/ipsos-mori/en-uk/ipsos-mori-veracity-index-2020-trust-in-professions>