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PRIMARY COLOUR

Helen Salisbury: Should I stay or should I go?

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Whenever two or three GPs of a certain age are gathered together, the subject of early retirement will arise. Last month a BMA survey reported that growing numbers were considering hanging up their stethoscopes for good because work had become too stressful to be worth the personal cost of continuing.^{1,2} I have no retirement plans at present, but these conversations inevitably make me think about what keeps me working.

After many years in the role I still have the capacity to be surprised—even excited—by the challenge of diagnosis when some unusual constellation of symptoms and signs sets me scouring the internet for a half remembered condition I've never seen in the flesh. It's also a delight to have colleagues with whom I can share moments of intellectual excitement. I've read so many personal statements from aspiring medical students about the joys of lifelong learning that the phrase can seem to lose all meaning, but these moments remind me that it's true.

There's also the satisfaction of being useful, often to dozens of patients in a single day. The democratisation of medical knowledge, now so easily accessible online, has actually increased the demand for our specialist skills: almost inevitably, typing even the most benign symptoms into a search engine can turn up terrifying results that then need to be put into context. When it comes to relieving patients' suffering, our ability to empathise and reassure is just as important as our ability to refer or prescribe.

My city centre practice has a rapid turnover of patients, but I've nevertheless looked after some families on my list for nearly two decades. These long term relationships are one of the elements that keep me involved and engaged: each consultation builds on the last, and I'm always interested to know what will happen next in these evolving stories. It's not that these patients particularly need me; more that I have much to gain from continuing to be their doctor.

So, what would it take to make me throw in the towel? If the only way of seeing patients in future was through remote consulting, I wouldn't last. Many doctors have adapted to this new way of working, but I'm not one of them. And if I lost continuity of care and was unable to look after my own list of patients, I'd struggle to enjoy the job.

Relationships within the practice are important too, along with the feeling of shared endeavour in doing the best we can for our community. Sometimes our ability to do the right thing for our patients feels threatened by micromanaging missives from above, but mostly we just carry on with what we think is sensible.³ Although some general practices have been subsumed into large conglomerates, most of us still

guard our autonomy fiercely, and this is my final red line.⁴ If that goes, I really will be out of the door.

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

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- 1 BMA. Thousands of overworked doctors plan to leave the NHS, BMA finds. 3 May 2021. <https://www.bma.org.uk/bma-media-centre/thousands-of-overworked-doctors-plan-to-leave-the-nhs-bma-finds>.
- 2 Pearce C. More than a third of GPs considering early retirement within a year, BMA reveals. *Pulse* 2021 May 4. <https://www.pulsetoday.co.uk/news/workforce/more-than-a-third-of-gps-considering-early-retirement-within-a-year-bma-reveals/>.
- 3 Salisbury H. Helen Salisbury: GPs deserve better than this micromanagement. *BMJ* 2021;373:n1256. doi: 10.1136/bmj.n1256. pmid: 34006523
- 4 Iacobucci G. Subsidiary of US healthcare firm will run more than 50 GP practices after takeover deal. *BMJ* 2021;372:n519. doi: 10.1136/bmj.n519. pmid: 33619035