Oxford

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

Helen on Twitter: @HelenRSalisbury

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PRIMARY COLOUR

Helen Salisbury: Looking after each other

Helen Salisbury *GP*

Many uplifting things happen in medicine: babies are born safely, illnesses are prevented or cured, and even deaths may be timely and comfortable. However, the larger part of any doctor's workload will inevitably involve patients whose treatments have not been wholly successful, leaving people distressed or in pain despite our best efforts. Tangled up with these medical problems come a host of other issues concerning family, relationships, work, and money, all of which are brought to us in the consulting room.

When I'm at my best as a doctor, I listen to it all and try to pick out the bits that may have a medical cause or solution. I aim to be present and attentive to the whole patient, responding with warmth and empathy, while at the same time engaging the analytical, medical part of my brain. But what do we do with the pain, grief, and anger that are presented to us each day? They are not ours, and only with practice and good fortune can we close the door on the consulting room and other people's problems at the end of the day. We don't always manage it, and sometimes we carry patients home with us in our heads, worrying about what will happen to them or what we may have missed.

Other caring professions have developed formal mechanisms for debriefing, timetabled supervisions in which practitioners can talk about cases that are troubling them. These days very few GPs have the time or energy for the Balint groups that once fulfilled this function in general practice. When consultations go wrong—or even when they go well but leave us feeling drained—we need an opportunity to share our experiences with trusted colleagues. We may need reassurance that we've done the right things, ideas about what else we might try, or just a safe place to vent our own sadness or frustration.

As general practice seems ever more pressed, and doctors become siloed in their consulting rooms for 12 hours at a time, there's a real risk of isolation and depression. Some doctors recognise the toll it's taking on their own mental wellbeing and seek help, but many just carry on, finding no time to stop and reflect until eventually they hit a brick wall.

As many have already pointed out, we're at a crisis point in general practice.¹⁻³ We've been painted as greedy and lazy by a hostile press, even as we work heroic hours to try to keep our patients safe. If we fail to set aside time to support each other and properly attend to our own needs, one day soon we may look around and find that we have no colleagues—and many patients will have no doctor.

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- 1 Pugh R. "GP crisis is as serious an issue as covid": a doctor on why she is furious about the state of her profession. /2021 Aug 26. <https://inews.co.uk/news/long-reads/gp-crisis-is-as-serious-an-issue-as-covid-a-doctor-on-why-she-is-furious-about-the-state-of-her-profession-1167646>
- 2 Hodes S, Hussain S, Jha N, Toberty L, Welch E. If general practice fails, the NHS fails. *BMJ Opinion* 2021 May 14. <https://blogs.bmj.com/bmj/2021/05/14/if-general-practice-fails-the-nhs-fails/>
- 3 Royal College of General Practitioners. Increase in GP practice closures highlights workload and workforce pressures facing general practice, says RCGP. 30 Apr 2021. <https://www.rcgp.org.uk/about-us/news/2021/april/increase-in-gp-practice-closures-highlights-workload-and-workforce-pressure.aspx>