I’m reaching the age when my friends are discussing retirement, pensions, and the next stages of their lives. And sometimes, when I describe my hours and volume of work, it’s a bit like being on the other side of a consultation with a patient who persists in self-destructive behaviour. I hear my own explanations and see people listening hard, trying to understand while utterly mystified.

So, what are the joys of general practice? Let’s for a moment forget the time spent poring over ever changing spreadsheets of targets—the Quality and Outcomes Framework, the Investment and Innovation Fund, and the Prescribing Quality Scheme, to name but three (although of course, we must pay attention at some time, as our income depends on them). Let’s also put aside the struggle, in an area of labour shortages and intense competition, to recruit, train, and retain the clinical, reception, and admin staff we need at the practice. Let’s also ignore, at least temporarily, the extra work created by NHS England, such as the latest half baked and unsafe scheme for automatic, online patient access to notes. Instead, let’s focus on the job we trained for.

Our patients come to us in pain or fear, and our job is to listen, investigate, reassure, and sometimes refer. We have powerful drugs at our disposal including antibiotics and painkillers, but the most effective tools in our box are knowledge and care. There’s satisfaction in the astute diagnosis of serious medical conditions, particularly when the interface with secondary care colleagues is working smoothly. It’s also satisfying to set people’s minds at rest—by explaining why this left arm pain is not a sign of the heart problems they feared; or that, despite a temperature and rash, their toddler is not dangerously unwell, and all that’s needed is paracetamol.

A large part of the pleasure I find in my work comes from continuity, the result of tending my patients over many years. I know their medical histories, but I also know them as people, albeit in a limited and rather skewed way. This knowledge speeds up some consultations but can slow down others, when patients want to share significant developments in their lives because they think I’ll be interested. And I am. In the past few months I’ve been both sung to and danced at, as demonstrations of newfound health.

There’s a fine balance to be struck between cultivating my patients’ confidence in my ongoing care and reassuring them that my colleagues are just as good as me (and sometimes better), to avoid unhealthy dependence. But I do want to be dependable and for my patients to know that I’ll do my best to help when they need me, and I’ll be ready to accompany them on even the most difficult journeys.

Not every practice can offer this sort of personalised care, but it’s the reason I carry on working. If, as a profession and as a system, we placed greater emphasis on continuity, it would not only help our patients but also make our GPs happier. We might even succeed in keeping them for a few more years in the jungle that is primary care.