



Oxford

[helen.salisbury@phc.ox.ac.uk](mailto:helen.salisbury@phc.ox.ac.uk) Follow

Helen on X @HelenRSalisbury

Cite this as: *BMJ* 2024;386:q1458<http://dx.doi.org/10.1136/bmj.q1458>

Published: 09 July 2024

## PRIMARY COLOUR

## Helen Salisbury: Putting the care into healthcare

Helen Salisbury *GP*

What do we want from a healthcare service? We certainly want health, and the service tries to maintain this through preventive treatments, vaccinations, and cancer screening. When our bodies go wrong we can sometimes restore them with curative treatments: antibiotics for infections, surgery for broken bones, chemotherapy for cancer (although, arguably, more effort should be directed upstream, tackling the causes of ill health). In many situations a return to health can't be achieved, but what we can offer is care, to ease symptoms and to limit disability.

The word “care” is sometimes used as though it's an entirely impersonal activity—hence the phrase “episode of care” in medical management, which usually describes doing something to or for a patient. But patients need something more than to be passive recipients of a series of activities designed to keep them safe: they need to feel cared for, and cared about, in the ordinary meaning of that word. In this sense, a service can't care for someone; only people can.

When patients phone our surgery or walk into the waiting room, the initial response from reception staff should be one that demonstrates care. It can be hard to convey that sense of care to the patient when the practice can't exactly meet their demands, and I'm often moved when I hear the kindness and gentleness of staff on the phone as they try to reassure and find a solution, particularly for some of our more challenging patients. That interaction is an important part of the “care pathway”—one that goes way beyond their efficiency in sorting out our appointments.

For me as a GP, the emotional side of care is often intertwined with the practical, demonstrated by making sure that I've done the timely referrals, read the letters, and liaised with the hospital colleagues advocating for my patients. I hope that I'm always conscientious, being the best doctor I can be, but it's much easier to put that effort in when I care about patients—not just in the abstract sense of caring about humankind but in the concrete sense of knowing and caring about these particular people as individuals.

Care is a product of relationships. Not all relationships are easy, in healthcare just as in other spheres of life, but nevertheless, when you know someone you're much more likely to care. That care not only makes your job as a doctor easier and more enjoyable but it transforms the experience of the person you're treating. Care develops over time, and for it to develop we need continuity. Continuity of care—seeing the same doctors, nurses, and reception team—doesn't just make medicine more effective and efficient. It fosters the sense of genuinely being cared for and about: the warmth, trust, and reassurance that we want for our patients, our families, and ourselves.

Competing interests: See [www.bmj.com/about-bmj/freelance-contributors](http://www.bmj.com/about-bmj/freelance-contributors)

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