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PRIMARY COLOUR

Helen Salisbury: Resisting the temptation to offer advice

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When people consult their GP they often arrive with a clearly defined medical problem—a pain, a lump, breathlessness, a rash—and what they’re asking for is a diagnosis, treatment, and, if necessary, a referral. However, the solution to a problem isn’t always obvious or simple: a patient may present with back pain and insomnia, but further discussion may reveal relationship problems, stresses at work, or self-medication with alcohol in an attempt to deal with isolation and low mood.

When patients come asking for help because they can no longer cope alone, it’s not easy to disentangle the strictly medical from the social, the psychiatric from the psychological. After investigating the physical symptoms a referral for talking therapy may be useful (or ideally a link so that patients can self-refer), but it will be several weeks at best before help arrives by that route. Reaching for an antidepressant prescription is also an option, but it often feels as though we’re treating bleak lives and bad luck rather than depression.

In that moment, when it seems that we have little to offer in the face of suffering and that the solution is beyond the scope of our medicine, the only thing we have left is our listening. We shouldn’t underestimate the power of making a space in which the patient can examine and explore problems—talking out loud, without interruption, to an empathetic listener. “Doctor, I feel better after talking to you” is always a compliment to be treasured.

In such cases, perhaps the hardest thing is guarding ourselves against the temptation to offer advice. When our opinion is needed about which analgesic would be best for a particular pain, we have the expertise to offer one. However, when it comes to relationship problems or work stresses, we’re unlikely to arrive at a solution that the patient hasn’t thought of already. Even if we know the patient and their circumstances well, we probably won’t have new ideas to offer that they, living with their problems every day, haven’t explored in detail. The best we can do is to ask questions and offer prompts: “Have you thought about your options? What are the pros and cons of each course of action? Can you think of anything that would help you move forward?”

General practice isn’t every doctor’s choice of specialty. But each year, as new specialist registrars arrive in our practice, I have a chance to share once more why I enjoy my job so much and derive such satisfaction from it. I love the medicine, making diagnoses and solving puzzles—but more than that I relish the complexity, discovering how I can help this patient with these physical problems and these particular familial and social circumstances. Sometimes, just listening is the best help we can offer.

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