Why do they come to me?

Dr Jon Garvey wonders why patients go to see an inexperienced GP.

MONDAY: wake early to avoid adrenalin surge from alarm clock—only waking souls are self and deathwatch beetles. Reflection in mirror shows bloodshot con-junctivae set tastefully against background of yellow sclerae. My wife says I look blotchy. Is this the face which will inspire trust and promote healing?

Tuck into home-made muesli; the only thing I recommend to patients that I actually do myself. Take invigorating walk with dog, and set off in car. A car radio brightens the 40-mile journey, and I am cheerfully listening to Mike Read's breakfast show, when seized by thought that patients don't expect their GP to like Adam and the Ants. Hurriedly switch to Radio 3.

Arrive, deal with mail, then launch into working week. It appears we have a new appointment system. Quickly drop into routine — an obese lady; acarpal tunnel syndrome; a young diabetic who has dropped out of hospital follow-up and has sky-high sugars and retinopathy; depression . . . the absurdity I have felt since waking looms again.

Here I am, young, privileged and inexperienced, purporting to understand the pain of the old, the hapless and the disheartened. Have I ever had to run a town council? Or cope with an epileptic, subnormal child? Or a menopause? And yet the patients continue to come. A mystery.

Afternoon: urticaria, appendicitis, depression . . . of course, they keep coming because you listen. Nothing to do with skill as a doctor, but availability as a human being. The evening finishes with three pleasant young ladies consecutively. Brightens end of otherwise rather introspective day.

TUESDAY

Poor sleep. Lie awake considering advantages of appointment system based on doctor's psychological needs; ears and throats first, to get in practice, intractable problems nice and early while you're fresh, and a few cheery smiles at the end to maintain enthusiasm.

In fact morning surgery is unprecedentedly light. Where have all the patients gone? Evening reveals that, unable to book appointments in new morning open system, they've all come in the evening instead.

Last patient a young lad who's been getting into trouble at school. A degree of family dysfunction, but several sessions have revealed little more. Now the police are involved, so I feel obliged to refer him for expert opinion. Suspect little will come of it.

Why is it that the psychological problems which cause most damage seem resistant to all approaches? Finish depressed, at 7.30. Home at 9.

WEDNESDAY

Our student sits in with me. Rewarding challenge to see if one's management stands someone else's scrutiny. Less pleasant if it doesn't, I suppose.

Interesting visit to drain hydrocele in pensioner; 450ml in the pot. Patient grateful. Doctor amazed.

Called out to see new patient with chest-pain. Forty-five, builder's merchant, Rolls Royce, rolls of fat, yellow fingers. Pain typical of angina. Markedly hypertensive. Mentions sudden dimming of vision last week: fundoscopy shows malignant retinopathy.
The archetypal example of what's wrong with the British way of life.

On call, so sleep over shop. One night-call. Ignore phone for two minutes, thinking it's safe in its cot. Croup.

THURSDAY

Day off. Chase solicitors and so on over sale of house. Letter from brother, saying he wants to give up being musician and become humpbacked whale. Decide this is normal. Would I say the same if he were a patient?

FRIDAY

Two hypertensives seen who were spotted on screening. How many more of you are there out there? How many would appreciate me finding out and committing them to pills forever?

Visit to newly de-hospitalised old lady, whose only problem is remembering to take her Cetiprin. Not a medical problem, and it seems a waste of the nurse's time to call twice daily to remind her. What is needed is extensive network of volunteers. Make mental note to reform society once settled into life.

WEEKEND

On call again. Respond to urgent call to find female octogenarian from other practice sprawled on bed, cold, clammy, gasping like fish with pulse of 38. Smell of alcohol, and history of family row precipitating attack, and previous heart trouble.

Rest of weekend spent writing article about my week, and planning how to make myself the most efficient GP in England. When you're on your own, you tend to indulge in fantasy.

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