# Even GPs fall ill sometimes

Why don't GPs become ill more often? wonders Dr Jon Garvey.

I HAVE just been ill. Not very ill — I stopped thinking I had meningitis after the first two or three days — but ill with the same kind of unstable sensation you get when you drop a tin of Swarfega from one hand to the other.

I struggled on at work for a time, which meant that none of the staff dared speak to me for fear of a churlish retribution, and all the patients started offering me comfort and advice, until my wife put her foot down and hid the car-keys.

Thus given permission to be ill, I promptly became much more so, and took to my bed.

It was as I lay there, surrounded by the requisites for a successful recovery — a bunch of grapes, a bottle of Lucozade and the "New Musical Express" — that I began to reflect on why I had become unwell.

Too much travelling, too many changes of job, too little time at home; I had just been getting run down. Just what our patients put their diseases down to, while we talk in terms of exposure to infected persons and inadequate immunity. But when it happens to you, you think of being run down.

Few GPs would doubt the existence of a link between stress, fatigue, and so on, and susceptibility to disease, though I suppose some hospital doctors may prefer to think there's no more to it than non-immune people picking up a bug if they're unlucky enough to be exposed.

However, if this were so, GPs would be sick all the time, and isolated pensioners would never catch anything. Everyday experience suggests the link, but I'm sure nobody's ever explained to me what it might be.

There aren't many articles published showing that, in anxiety states, serum cortisol is raised, or depressed, or that there is a correlation between life-events and the shape of the Ig profile.

Instead, speculation is left in the hands of the fringe-medicos who simply say that modern life causes imbalance in the body and think they've contributed to the knowledge of humanity.

The only relevant work I know of is the research on life events and the incidence of myocardial infarction and depression, and the recent work by Totman and Kiff at the Medical Research Council's common cold unit, showing a link between the number of recent life-events and the severity of cold symptoms after inoculation with the virus.

But this is research that could, and should, have been done decades ago.

Surely the most important research we could do would be to attempt to find out why people get ill when they do.

What is needed is some information on how mental state alters resistance to disease, and in particular how, if at all, it affects the known constituents of the immune system, which would be a little more useful than 'bodily imbalance'.

Or else we need to know that it alters none of these variables, in which case the bodily imbalance bit might come in handy, and we'd all better start reading up on the theory of humours.

If some one could cast light on these mechanisms, we might eventually find some answers to other niggling questions, such as why some people get every bug

Jon Garvey is a GP in Orpington, Kent.

that's going — like one of my daughters, who manufactures illnesses like the Japanese manufacture motor cars — or why some people have a succession of apparently distinct chronic illnesses throughout life — such as the man I saw recently who had hay fever until adolescence, which gave way to migraine until the age of 50, to be replaced by irritable bowel syndrome thereafter.

These deep thoughts wheeled through my head as I lay abed, and made me determined to alienate my local lab by doing random immune studies on everybody and trying to correlate the results with morbidity patterns.

But another thought came to me, as I sucked a grape and received a steady succession of children and wives offering food, drink, reading material, radios and tender loving kindness to my care-worn frame. Why, I asked myself, don't I get ill more often?