

GP: what has changed?

S Rabadý

For me, personally, few things are as they used to be when I started my practice as the only female GP in a cluster of five surgeries in neighbouring villages eleven years ago. There were two females among 20 GPs in the whole district then, and that hasn't changed – my position as a woman among male colleagues certainly has. In the beginning I was confronted with the doubts my colleagues had, concerning my reliability as a partner and my possible involvement in the work as a GP, since I had a family with two small children. During my early years, I certainly struggled with the increasing workload of a growing rural solo practice, until practice and family organisation both worked smoothly. I believe that by now my colleagues have experienced that enthusiasm, reliability and involvement are not gender-related, but are surely helped or hindered by gender roles in society and by inner familial organisation. Initial sexual harassment over the phone stopped after a while, and I lost my fear of lone house visits at night, simply because nothing ever happened. Another substantial change concerns my reluctance to working alone. I didn't have any other option, since groups are not possible in Austria. After a period of loneliness, I learnt to cooperate with my neighbouring colleagues, and I got in touch with the Austrian Society of General medicine, as well as WONCA. Of course, I am still alone in my surgery, but I feel part of a group of GPs – sharing problems, and happily trying to contribute in dealing with them.

Leaving my personal situation aside and looking at changes in Austrian Primary care in general, I find remarkable progress in medical structures in my area: ten years ago we lacked a lot of specialists and equipment; many patients had to be sent to the bigger cities for adequate care and modern diagnosis. There were very few psychotherapists and little physiotherapy on offer; a 24-hour emergency system had only just been established. These days patients have to travel only for highly specialised tests and treatments. Access to diagnostic and therapeutic procedures is even better in our rural areas than in the bigger cities: we can get appointments easier and faster, interprofessional communication works more smoothly, the flow of information is more reliable – because we all know each other. This also has, of course, its other side for us GPs: lower thresholds to specialist care and to high-tech medicine also means higher costs and more challenges in decision-making. Patients have certainly become more self-confident and more demanding. On the



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other hand, economic pressure is rising. We are being restricted by insurance companies (who pay for our services), mainly but not only with regard to prescriptions, and that is only the beginning. Our real incomes are frozen, for some of us declining, but workload is rising with the higher standards in quality of care. We were used to be in a gate-opening position, and now find ourselves increasingly having to close gates. This is a difficult situation for GPs in Austria, since patients can easily bypass us and access specialist care on their own initiative. If we GPs don't give them what they ask for, we risk losing them as patients, both as individual doctors and as a profession: in our cities many patients no longer have a family doctor. They seek specialist help according to their own judgement.

The need for a solid patient-doctor relationship, for good communication and for high quality in General Medicine has become an important topic for an increasing number of colleagues: I don't think I had even heard the term 'evidence-based medicine' ten years ago. After a period of reluctance among GPs who felt that their experience no longer counted, nowadays most of us have understood the necessity of a rational basis to our work.

Quality circles have been founded all over Austria. Such circles add to our self-confidence and perception of General Medicine as a specialisation of its own.

There are a growing number of colleagues attending training sessions in communication skills and Balint groups. The CME Program started years ago and is now working well. An Austrian Version of the Finnish EBM Guidelines for General Medicine is to be published this year, and Austrian GPs will be taking part in the European practice assessment programme.

Quality assessment basically remains in our hands for the time being, though, of course, insurance companies and politics show

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increasing interest in outside control. The near future will show the extent to which we can keep it that way...
I am convinced that economic pressure does not necessarily and,

on its own, lead to difficulties in caring for patients, but, depending on our reactions, can also mean a rise in quality, to a more important role of General Medicine within the Health Care System.

Healthy patients and 'non-disease'

Lotte Hvas

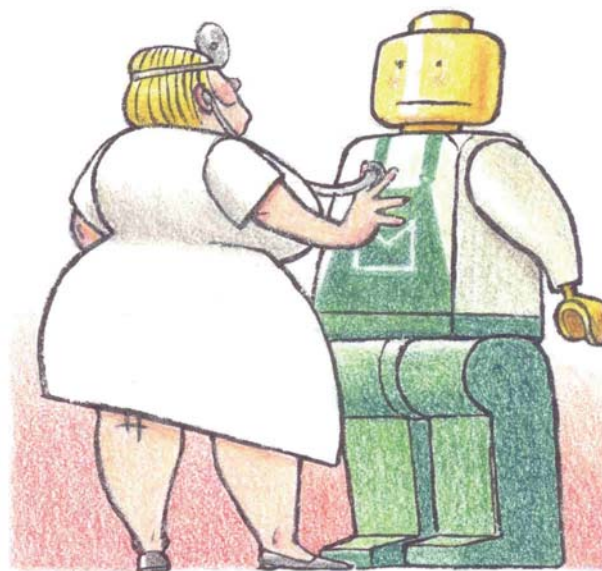
What has changed in my surgery in Denmark in the last ten years? The first thought: nothing! Changes take place so slowly it is not possible to notice them from day to day. It is not much different from looking at your face in the mirror every morning: it looks the same as it did yesterday. But a glance at a photograph taken ten years ago will bring you back to reality! Looking back in this way I must admit something has happened, also in my surgery. We have new drugs and more advanced technology and we are taught about evidence-based medicine and how to use guidelines. But even in the most central part of my work, in the contact between me and the patient, I have noticed changes.

But why have things changed in relation to the patient? Could it be just because I am ten years older and have more experience? I certainly do not talk about the same things as when I started as a GP in 1990. The technical, biomedical questions still take up a central part of the consultations, but it takes less time, and there has been a shift towards questions about life in general, about fears and joys in the patient's life and family. Increasingly I try to be more patient-centred. Some would argue that this is a feminine virtue, with female GPs working more with soft issues, bringing up questions about life in general. But I doubt it: many male colleagues tell about the same change in their professional attitude as they grow older and more experienced.

Patients also changed. They have become more demanding – but seldom in an annoying way. The Internet provides them with lots of facts, and better-informed patients are better able to cope. I still feel they trust me, even if I do not always agree with the 'Internet information'. But some patients are a problem, especially those who are not used to reading and are unable to pick out the relevant information, because clearing up misunderstandings is time-consuming. Ten years ago 'yes' or a 'no' would have been enough.

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Patients are becoming healthier but spend more time worrying about future health risks and oncoming diseases. The waiting room is increasingly filled with people in good health instead of patients with acute or chronic diseases. We are living in a modern 'risk society', and are experiencing mass focus on risk factors that may be susceptible to modification. Now I see people 'suffering' from risk factors – low bone density, high cholesterol or marginally elevated blood pressure and people asking for regular 'servicing' as if they were cars. Pregnancy has become more risky than ever, with pregnant women being examined for several conditions.

The introduction of drugs to treat minor symptoms (also called 'non-disease') or experiences earlier seen as 'normal' parts of life, also influences my daily work. Modern patients try to manage their own life, believing that their choices are their own and that they are responsible for achieving success and happiness. On this narrow and lonely road there is no room for illness, for pain, or suffering. Minor symptoms may lead to the involvement of the GP, and when the problem is looked at with a medical eye, the prescription is not far away. The rapid increase in the use of SSRI, not only for serious depression, is a clear example.

The treatment of the sick will not be my concern in the future. We will, of course, always be there for our patients with our best pos-