

**'GPs know their patients, families and  
communities'  
– Really?**

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GPs are increasingly employed as task-directed, upper-echelon *healthdroids*. They are losing the pastoral skills that depend on holistic views and vernacular understandings. Why is that?

During the first week of the new GP-led commissioned NHS, a televised young doctor offered this GP-led soundbite: 'GPs know their patients, families and communities.'

Really?

My experiences as a long-serving GP, and as a recently signed-up patient, are very different. Your GP is now likely to be part-time, short-term and serving in a multi-doctored practice where *personal* continuity is increasingly rare. You are thus likely to see a doctor you have never seen before, and when you see them they may see even less of you, as they will probably spend more time looking at the computer screen. Commuting to work, they are unlikely to have a personal home or roots in the immediate neighbourhood. They may develop some knowledge of one of your 'conditions', but almost none about your nature, story, family or life-milieu. They are most unlikely to know your kin. The better among the previous generation of 'Family Doctors' responded well to all of these. They mentored me; I witnessed this, just as I now see its disappearance.

There are many causes for this loss of more personal healthcare. Among some of the avoidable causes are: the managerial hostility to small practices (favouring large impersonal conglomerates), the abolition of Personal Lists (thus devolving the interested responsibility of a particular doctor to a large, generic 'Team'), the sub-contraction of Out of Hours services to agencies (that are unlikely to have any personal knowledge or bond at times of greatest vulnerability and need), the increasing use of shorter-term, sessional, commuting staff (who have no vernacular knowledge, roots or interest in the locality). How can doctors working in these conditions develop personal and holistic understandings of any length and depth?

Doctors are not unique in this disinheritance. *Postman Pat* used to be a reassuring hub of the community; a fount of local human and geographic knowledge. Alas, our Postman now is often only recently employed, a new immigrant, and himself, lost and asking for directions...

Marketisation cannot buy or commission the kinds of bonds, understandings and communities that constitute the human heart of healthcare. But marketisation can destroy them.

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