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When a doctor transcends to recognising their own and their patients' humanity they become a healer, as

Wisdom requires
the integration
of skill and
knowledge with
understanding
of lived life

well as a doctor. There is a shift from knowledge to wisdom. The focus is on valuing the richness and strength embedded in the shared human experience. It is not about illness but about wellness and wholeness. Even when a person is terminally ill the focus is on the human potential encompassed by the whole experience of life and death. Through the sharing of the pain, distress and grief the GP can discover personal resilience alongside the patient and the patient's family. By this process everyone experiences that they have 'gained' something in a situation traditionally considered one solely of 'loss'. During this journey the doctor is not expected or required to 'know everything'. They are expected to share their scientific base, to the extent that it is useful, but more importantly they are there to share their human understanding.

Interestingly, in my experience, doctors define as 'great', those doctors who strive to be perfect. Doctors who have a huge body of knowledge, who are utterly dedicated to their work and who aim for perfection in all their endeavours.

There are doctors who have influenced our thinking, made huge advances in our understanding of disease, therapeutics, and teaching.

We have been taught to consider these 'great' doctors.

They may be 'good' doctors from a patient perspective as well, but not necessarily. I believe patients view their doctor as 'good' if they are evi-

dently human and by definition 'not perfect'. Patients value the real relationship.

For patients, the 'good' doctor recognises the common frailty and the humanness within each person and develops empathy and respect for every person.

Only by acknowledging and living this can one be a truly 'good' doctor for the patient.

However the acknowledgement and acceptance of frailty, by its very nature, militates against a doctor being 'perfect' or omnipotent.

The very act of recognising patients and by definition recognising oneself is a humbling process.

It is a levelling of the playing field across the human condition. This process is very personal, has an immeasurable quality and is fundamentally satisfying.

This type of relationship between doctor and patient is one of general practice's best-kept secrets.

Doctors who recognise their patients may still make mistakes and miss diagnoses. No one can be perfect no matter how hard they strive to be.

But I postulate that the impact is more tolerable, as the patients recognise themselves in the doctor, because the doctor has recognised himself/herself in the patient, and all are participants together.

I also postulate that doctors who recognise patients and themselves as people, are more likely, although not exclusively, to come from general practice. GPs have the ongoing long term contact with patients through thick and thin, and most specifically, ongoing contact and care when medical treatment has 'failed'.

It not only fails the patient, but also the doctor, who has until then based her/his whole working relationship on the implicit promise of treatment and cure.

When treatment fails, the GP must find another

way to be in relationship with the patient.

The GP, after many such experiences, may re-examine his or her philosophy of care. The GP may realise that the basic tenet of cure is untenable, and discover instead the extraordinary experience of sharing the human process of living. Birth, joy, resilience and success are as integral as pain, suffering, weakness and dying.

This then becomes the basis of what constitutes the 'philosophy' of general practice, and what sets it apart from other branches of medicine.

Acknowledgements

Dr Simon Cotton and Dr Debbie Antcliff.

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Reference

1. Breger J and Mohr J. A fortunate man. Penguin 1969.