

DOI: 10.21767/2574-2825.100017

## My First Week in General Practice

**Suresh Pathak\***

Parkway, Gidea Park, Romford, Essex, UK

\*Corresponding author: Pathak S, Parkway, Gidea Park, Romford, Essex, RM2 5PL, UK, Tel: 00441708726835; E-mail: skpathak137@aol.com

Received Date: June 02, 2017; Accepted Date: June 08, 2017; Published Date: June 13, 2017

Citation: Pathak S (2017) My First Week in General Practice. J Nurs Health Stud 2(2): 10.

### Opinion

It was September 1971, I was inducted in two doctors practice in the industrial belt where Ford Motor Company is, in Dagenham. Essex. I came straight from hospital medicine and had no experience of General Practice, though I had done some locums, when I was off duty from hospital. I always wanted to be a GP, which is a speciality. Surgery, with two consulting rooms was in the busy parade of shops. On my arrival on the first day I was shown in to a Consulting room, to my delight there was a prescription pad and book of certificates all with my name, I felt important. Senior receptionist introduced me to another staff and shown me round, I pressed the buzzer to call my first patient. There was no appointment system, practice operated on walk in service. I greeted my first patient, and asked what can I do, he gave me a leaflet. He is middle aged rubbish collector. During his duty, the gloves, he was wearing torn and had a scratch on the skin of his hand. The leaflet he produced says that if any accident of this type happens, he must see his GP immediately. So, there I was, completely clean bowled, did not know anything about it. I examined his hands and checked his tetanus vaccination status, told him to go home I will come and see him at his house after finishing the surgery after making appropriate enquiry. Rest of my morning surgery has routine cases, but I could not concentrate, that first patient's problem coupled with my ignorance, was bothering me, and my personal pride prevented me to knock the door of other consulting room and ask the senior partner what to do. When the surgery was finished, I phoned the Public Health offices of the borough and managed to speak to some medical men. He told me the risk of Anthrax (*Bacillus Anthracis*), specially the dustbin men collecting from the butcher's area. I was advised to keep an eye on him. After the Surgery, I went to his house and explained what I was told by the Public Health doctor, and advised him to contact me immediately if there is change in his physical condition. I even gave him my home phone number to the great annoyance of my other partner. I phoned him morning and evening for almost a week to check his welfare. He was well and no untoward happening. I thought it was good experience, and reminded me of a well-known doctor saying "The fact is that patients do not arrive in the doctor's office neatly packaged and pre-sorted."

During this induction week, I was given a home visit to see a patient with acute abdomen. His address was on a long road extending for nearly three miles. I had the local map with me,

and starting from another end I managed to find the right house after a bit of struggle. It was cold morning; I rang the bell. A middle-aged lady opened door; the visit was for her husband. She screamed to her husband who was in bedroom upstairs, "it is a coloured doctor". I did not think that the comments were racial in any sense, it was more of an introduction, though of poor quality. I examined him and arranged his admission to the hospital, where he had appendectomy. I visited him at the hospital as well, and went around to see his wife and gave progress report about her husband. That was start of an intense doctor patient relationship. When years later, this patient has back problem, and I was on holiday, he did not consult my locum or another doctor in practice, waited for my return!

At last weekend arrived, we had Surgery on Saturday mornings, and after that I was free till Monday morning, I was given a visit to do, not far from the surgery, I, following the directions from the map (no sat nav those days), I rang the bell and a shout came, come in the door is open. I walked into the living area, where a middle-aged man was sitting on sofa and on another sofa in a corner his wife again a middle-aged lady was sitting. I was asked to take a seat on a wooden chair. I rested my case on the table nearby and asked what is the problem. The call was for Mrs., so appropriately I turned my head towards her and enquired. She screamed and pointing to her husband, said says "he is the problem." There was clear cut matrimonial disharmony. I a young doctor, new to the practice, new to the area was baffled, wife started disclosing catalogue of her suffering caused by husband's behaviour. Poor husband sitting quietly in one corner. The only comment he made was that he is not my patient, he belongs to a different practice. Wife's nonstop quivering went on and on, without any gaps or time to take a breath. I was baffled what to do? I have not read this behaviour or pattern of illness in any of the medical books. I turned my mind on the Text book of Medicine and I am lost in deep sea without any navigational help. I was feeling bitter, hopeless, helpless, frustrated as this was not a medical problem, that too, demanding a home visit over the weekend! I was feeling restless, I had promised to my wife to take her to supermarket to do weekly grocery shopping (Those days' supermarket used to close by 5.00 PM, not like now days when they are open 24 hours), and time is ticking, I am sitting in one corner as a morbid listener, mute. I Prayed to my Indian Gods, especially the Lord Ganesh (a trouble shooter God) to show me the way, how to come out of this problem, what can I do, how am to terminate this home visit. No one could understand

my dilemma, no one could feel the uncomfortable feeling I was experiencing, I was sweating under my shirt. Fortunately, my Prayers were answered, the burning smell from the kitchen came to my rescue, the lady patient left the room exclaiming, something must be done. I promised to discuss her case with my senior partner, who was well acquainted with the social rust of the community. I apologetically, without opening my medical case assured her that I will do something for her, first thing Monday morning. I returned home, and was very uncomfortable all over the weekend about my helplessness, about the condition which I faced, have not read in any medical textbook, and not seen at any time in hospital settings. Come Monday I rushed to see my senior partner and told her about this patient, "oh she!" was the only reaction of my mentor, no other advice offered. After the surgery, I went to see her, because that was my parting shot on Saturday. She opened the door, which was locked from inside, had a faint smile on her face and greeted me by saying "he is better now and things got better over the weekend." These words were like music to my ears. She also thanked me for keenly listening

to her problems. Per her I am the first and only person who has sympathized with her and has understood her suffering. She offered me a cup of tea, which I gladly accepted.

That was my first week starting as a GP 45 years ago, since then I have learnt the basics and nitty gritty of a GP. Every encounter in the Consultation room or on multiple home visits, (I loved doing home visits), was an experience to me, and all the encounters taught me something and helped me to be a better GP. My greatest reward was; when I retired from the practice, one of the card said, "Thanks for looking after three generations of my family." A tiny drop from my eyes thanked the sender of that card, and all the early years of my entry in the general practice, came instantly as flashback. Reminds me of the quote by Hippocrates "If there is a reason to help a Stanger and poor man, then offer your services to him enthusiastically, because love to people goes together with love of science. The sick patients who are afraid of their illness and confide in the human feelings of the doctor often becomes well."