Narratives of UK General Practice

Resilience in context

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Introduction

- 20 minute overview

- Social theory: Jürgen Habermas
- Why narrative?
- JRCGP editorials
- System eroding resilience by uprooting connections

UK General Practice

"How can we understand this crisis?"

"Why has recruitment dropped by 15%?"
"Why are GPs retiring early or leaving?"

Hypothesis: a moral crisis

Core values and identity of profession

Rational instrumental institution

Habermas: Lifeworld

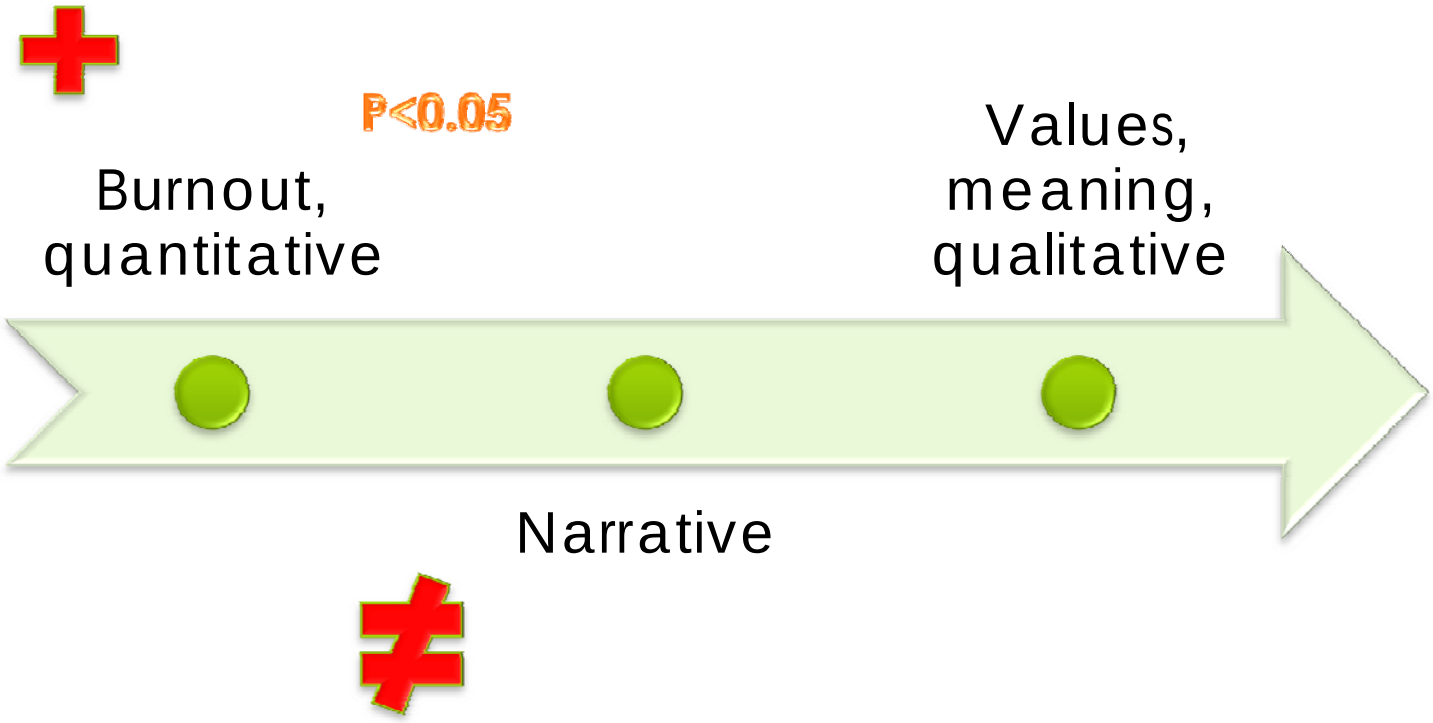
- Everyday social life
- Informal, unregulated, unmarketised
- Family, culture
- Shared meanings and understandings
- Communicative action

Habermas: System

- Structures and established patterns
- Two sub-systems: money and power
- Instrumental action

- Colonisation of lifeworld

My Thinking Trajectory



A de-colonosation?

Layers of Narrative

- Micro – individual practitioners
- Meso – communities of practice
- Macro – political/ institutional/public international

The ‘Meso’ Narrative

- British Journal of General Practice Editorials, since 1974.

- Identity
- Working style
- Effect of changes in health service/ society

1979

- "GPs are simply not able to diagnose problems entirely in terms of **pathology**…at first these findings caused **uncertainty** and guilt in the world of GP…some other reason had to be found to explain the high incidence of consultations in which the GP *could not* find a pathological cause for the problem."

Buckley, E.G.

1987

- "A profound anxiety exists about whether or not we really have a subject to teach and research. More than any other compartment of medical care, GP **reflects** and is materially defined by the **culture** within which it practices."

Marinker, M.

1990

- "The new contract has created new **bureaucratic** procedures... It has been possible for these changes to be implemented because of the paucity of research about the acceptability and effectiveness of much of our clinical work."

Buckley, E.G.

2007

- "It seems that UK GP has moved from having an **internal** framework of **professionalism** that supports it, to an **external** framework that holds it up and embraces a **market** model."

- "State-driven clinical priorities are risking GP's disciplinary **identity."**

  - Mangin, D., Toop, L.

2012

- **“Scientific-bureaucratic** medicine is defined by three things: decision-making based on **rules**; a rise of **managerialism** over **professionalism**; and trust redefined in terms of reliability of **systems** instead of the virtues of the **doctor.”**

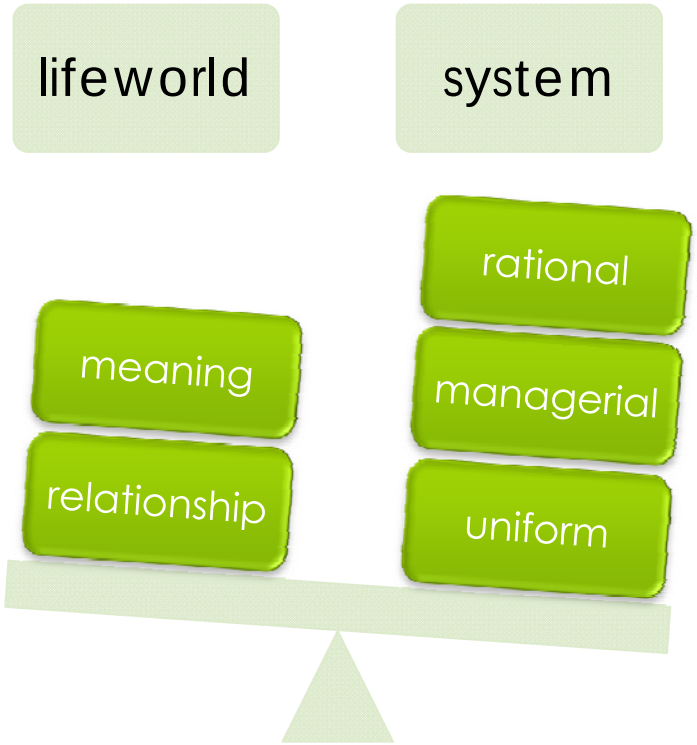
  - Greenhalgh, T., Wong, G.

General Practice, on the Boundary

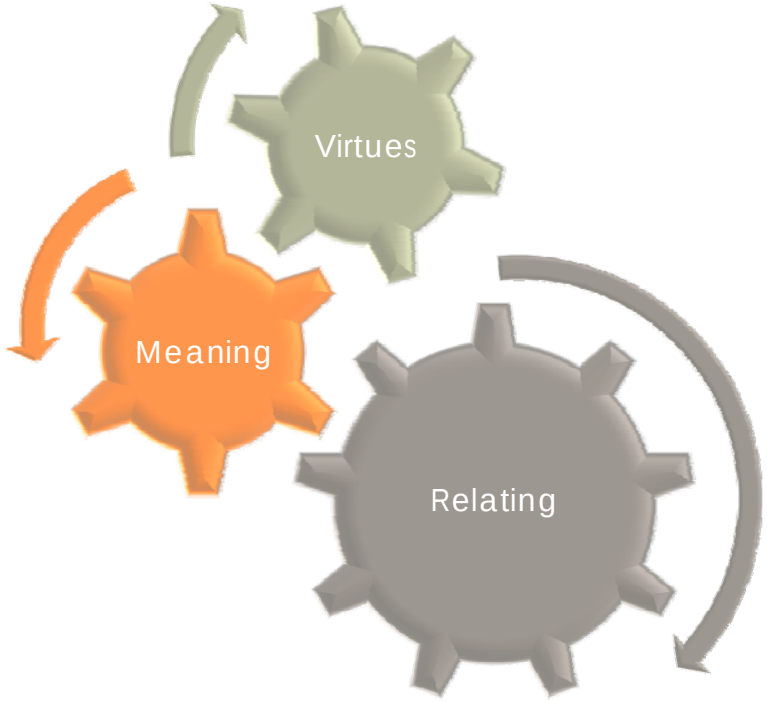
- Between the **social** (illness) model and the **medical** (disease) model
- Between **health** and **illness**
- Between **community** of public and **institution** of medical system

- Between **lifeworld** and **system**

A struggle for legitimacy



RESILIENCE
Emerges from Lifeworld



Professional Practice

Lifeworld

Passion, curiosity, meaning, values, relationship

Connection

System

Compresses lifeworld of patients and professionals

Distress, burnout

Disconnection

Conclusion

- GP spans many boundaries
- The system has encroached on the lifeworld
- The lifeworld is central to General Practice

- **Changes in the organisation of GP should take account of the lifeworld as a significant source of resilience and motivation**

Where better to consider the Lifeworld?

Thank you

- Feedback, questions welcome

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