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# The aim of general practice

*Can it be explained in one sentence?*

As a teacher and researcher, I have learned that unless my aim is clear, I will confuse myself, my students, my clinical colleagues and my co-investigators. And yet, as a GP I often wonder 'can I summarise my objective?'

The June edition of the UK's *British Journal of General Practice* included articles describing an existential crisis in primary care (asking 'what is the essence of general practice?'),<sup>1</sup> a novel study describing some of the most complex work undertaken by GPs (largely invisible to most people most of the time),<sup>2</sup> and other articles asking how we should deliver care post-COVID.<sup>3 4</sup> However, the common thread for me was: 'what is our aim?'

And why is it important to be able to explain our aim in a single sentence? When we want the support of our patients, we need to explain how they can help us. And when making the case for funding, we need an elevator pitch - a sentence that quickly conveys our value to the Chancellor of the Exchequer - especially since the aim of other public sectors are obvious: secondary care - scans, operations, infusions; police – public order; military – protection and defence; and education – upskilling.

In my 25 years as a GP, my observation is that we struggle to explain our aim succinctly, and as a result, I don't think most people know what we do.

Sure, we prevent disease (e.g. vaccinations, with SARS-CoV-2 being one of our greatest modern achievements), we screen for disease (e.g. smear testing), we treat risk factors (e.g. hypertension), we treat isolated disease (e.g. infections), we manage complex multiple diseases (multimorbidity), we manage risk (e.g. the frail elderly), and we are the gate keepers between illness and disease,<sup>5</sup> and between the community and secondary care.<sup>6</sup> How we do this is mysterious,<sup>7</sup> we the doctor, can be the medicine,<sup>8</sup> we prize continuity of care<sup>9</sup> and deep doctor-patient relationships,<sup>10</sup> and we have developed unparalleled communication skills, expertly selecting consultation style<sup>11</sup> most appropriate to the patient in front of us.

We have eloquently argued we are essential for the delivery of efficient,<sup>6</sup> equitable<sup>12</sup> health services. And we have repeatedly demonstrated our ability to adapt, to increasing demand,<sup>13</sup> political reorganisation,<sup>14</sup> bad apples,<sup>15</sup> and pandemics.<sup>16</sup>

But, in a sentence, what do we do? How do we contribute to national well-being?

Perhaps a starting point is to consider the experience of illness. Everyone has been ill, and almost everyone has been a patient. So we all know what it's like when something new happens to our body or mind, or those of a loved one (a symptom). It's unfamiliar. It seeds chaos. It raises practical questions like: 'will I be able to...[insert today's responsibility]?'; 'how long will it last (temporary or permanent)?'; 'is it going to get worse?'; and 'how long have I got?'. It causes anxiety, distracting us from our usual activities of living, reducing our ability to contribute to the health and wealth of the nation.

And what happens when we seek good quality primary care? The questions generated by the symptom are answered. We are reassured that we are responding appropriately, doing 'everything possible' (restoring order) including: doing nothing; watching and waiting; having tests; and being seen at the hospital.

So, my attempt to summarise the aim of general practice?

*To restore order to the chaos of symptoms so people can contribute to the health and wealth of their nation.*

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