

Choosing a GP

By Dr. Margaret Kay

Doctors are very aware that they should have their own GP.

The real questions are:

When should we go to a GP? How should we find a GP? Who is the right GP?

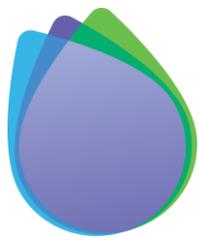
While we usually think about needing a GP when we are already unwell, it is much better if we choose our GP before we get sick. That gives us time to develop a relationship over time with that GP, to ensure we understand their style and that we are comfortable with their approach. No-one is going to provide your care in precisely the way you imagine that they should. We all have different styles in our medical practice. Going to your GP for regular, even mundane health issues, with the purpose of establishing a relationship is very reasonable.

However, it is difficult to prioritise time to see a GP when we feel quite well, and also believe we can manage our current health issues comfortably. Clearly as health literate members of the community, doctors may not need to see their GP for health information or reassurance as often. However, unless we do see our GP regularly to develop and maintain that relationship, we can find ourselves isolated without a health advocate when a significant illness occurs. It is also difficult to develop the trust we need in our treating-doctor for any unexpected mental health issue or personal difficulties that can arise when we least expect them to. Knowing who our GP is, has been shown to be an important step in seeking timely care for significant health issues.

When seeking to establish a relationship with our GP, as a patient, we need to remember to:

Accept the 'new role' as patient. Being a doctor can make it difficult to accept this role. We are no longer talking as a colleague, nor as a friend, instead, we are engaged in a therapeutic relationship and both treating-doctor and doctor-patient need to maintain that focus.

Be honest about the fact that you are a doctor. It is common for doctors to feel that they need to hide the fact that they are a doctor to ensure that they receive 'normal care'. Not disclosing that you are a doctor can create problems later in the therapeutic relationship as this information often becomes self-evident over time. It is a good idea to say to your treating-doctor that even though you are a doctor, you would like to be treated as a



normal patient. This helps reassure the treating-doctor that they can provide 'normal care'.

Be prepared to be uncomfortable – all patients are. Patients are uncomfortable about the questions, about the examination, about the recommended investigations. This discomfort should be resolved through dialogue. If you don't understand something, or if you prefer to decline a specific test being offered, then it is best to have that conversation rather than simply not go back.

Once we have established a relationship, we need to attend our GP regularly to strengthen that relationship. It may not be necessary to go often, but you should attend regularly.

When choosing a GP there are many things that need to be considered.

Each person needs to consider how they should prioritise these issues for their personal needs.

It is vital that the GP is accessible. If your GP works in a different town, then you may have addressed the confidentiality issues well, but you may not be able to get the care you need when you need it.

When Choosing Your GP

Consider these issues:

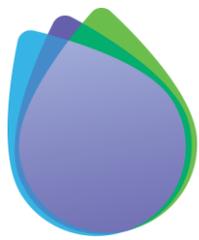
Independence – if the doctor is related to you, or someone you work with, or a colleague you interact with on a close personal basis, then this is probably not the best person to be your GP

Geography – Consider how easy it is to get to the doctor you intend to go to. Is this a reasonable journey to make if you are unwell?

Age – Does it matter to you how old the doctor is, whether they are younger than you, or older than you. Consider how you will manage the dynamics if there is a significant age difference.

Gender - Does it matter to you if the doctor is the same or a different gender to you, especially if they need to ask intimate questions or perform more intimate examinations.

Religious beliefs/Cultural background - Does it matter to you whether the person has specific religious beliefs or is of a specific cultural background. These issues can be important for some people but of no importance for others. There are benefits of



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understanding when cultural dissonance is avoided, but confidentiality and independence can be more difficult to navigate at times.

Special interests – Sometimes we prefer a doctor who has a strong interest in a specific area of medicine such as mental health or women's health. At other times, this may not be helpful.

Hours/PT/AH backup – If you choose a doctor who works very part-time, then it may be difficult to get an appointment at a time that suits you. If you can't see your usual doctor, are you happy to see the others who work at that practice? Does your GP have any after-hours arrangements and do you know what they are?

Cost – Do you have expectations about the cost of the consultation? Are you assuming that you will be bulk-billed? Have you discussed the fee with the treating-doctor?

Style – Are you prepared for the fact that your treating-doctor may have a different style to you? Even if you enjoy the conversation at a meeting, it does not mean that you approach the consultation in the same way. Be prepared for things to be a different to your expectations. If you are worried that an issue is not being addressed, or that a piece of history has not been requested, then be proactive and ensure that these issues are presented openly. Don't expect your doctor to be able to read your mind.

Competence – Professional competence is difficult to measure as a patient. Professional reputations may be helpful but most of us are really seeking a professional relationship with a doctor who is compassionate with whom we can develop rapport. The measure of competence is something all patients determine over time.

Being a Doctor-Patient

Doctors are health literate and therefore more likely to have quite sophisticated expectations. Doctor patients are likely to have ideas about what treatment or investigations are required for their symptoms. All patients, including doctor-patients, have a right to be engaged with the shared decision making process. This does not mean that the doctor-patient should tell their treating-doctor what to do. However, the doctor-patient should be free to express his/her voice during the consultation, so that any concerns and expectations are understood and addressed during that consultation.

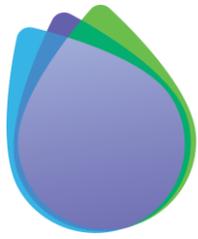
Doctor-patients are allowed to be proactive in their advocacy for their health issues with their doctor. However, it is important the appropriate boundaries are maintained as this will enable the treating doctor to maintain their role as treating-doctor. Your GP is not there to 'rubber-stamp' your ideas and requests. Your GP is there to discuss your health and your expectations with you and provide advice about the next best steps to maintain your health and wellbeing.

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All patients, including doctor-patients have a right to confidentiality. You can discuss this with your doctor if you have any specific concerns.

You should discuss issues such as referrals, X-rays, Pathology requests and prescriptions with your treating-doctor as it the convenience of arranging your own can interfere with the therapeutic relationship and the trust that is required. All doctors should be aware of the Good Medical Practice: A Code of Conduct for Medical Practitioners to ensure they are following the appropriate guidelines.

Many treating-doctors expect that their doctor-patients will know when to come back for review and may be less inclined to recommend regular review. Therefore, the doctor-patient may have to ensure that they arrange an appointment for appropriate follow-up of any health issues and also for regular review to help maintain the therapeutic relationship.

Most general practitioners care for all the family members, so doctor-patients should consider engaging with the GP that knows their family. If the family does not have a GP, then it is worth ensuring that everyone in the family has access to independent care, and having the same GP can have advantages for the family and for the GP.

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