

SUDDY DAVIDSON

SIZE 8

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My name is Sudeshna Davidson and I'm a GP that works in Sheffield. I've worked in the current practice for six years. I was originally employed as a salaried GP and two years ago I was promoted and now I'm a partner in the business as well. The job itself has a huge amount of variety in terms of what we see. You can't get bored - every ten minutes you see something else and it's completely different. So you can have a morning where you see somebody come in with a cough that they've had for a few weeks and then the next patient might be someone that needs their blood pressure controlling, the next patient after that might have a red flag symptom that you're worried about, that could be cancer, and you need to refer them, then you might have someone that wants some contraception because they're going on holiday, and then you might have someone that just split up from their husband and they're devastated and they're crying on you. You might need to be really happy for someone that's just found out they're pregnant, and that might come immediately before someone that's just going through a bereavement, so you need to be able to chop and change how you speak to people every ten minutes.

One of the things that sort of attracts me to GP, to general practice, is because you get to develop long term relationships with people and learn about whole families, so you don't just see one person on their own. You might see a mum and then see their husband separately and then you learn what auntie is doing, what the kids are doing, and you get to sort of piece different things and learn about the background of people, not just the medical problem that's there in front of you, and I really, really like that. The other thing that you get with general practice is you get to follow the whole journey of a patient, so they come in with their initial problem that they're worried about and then you can follow them all the way through learning all their tests and investigations, them going on to have hospital treatment and whether they get cured or not. And then all the way through to the end of that until then they next come with something else. Whereas when you're in hospital, you tend to see just a snapshot of people at that one time, you don't get the whole kind of story.

As a GP my role varies in many different ways. I am a doctor. I'm there to diagnose medical problems and give people treatments and advice about medical conditions. I'm also a counsellor. I'm not meant to be a counsellor, but I am. I see people, I listen to their problems. I listen to their concerns. I am a teacher. I have to teach people about their conditions. I have to teach them how to self manage, if somebody has a complaint about how they've been treated elsewhere, I'm meant to be their advocate. I'm their support. I think a lot of people might think of me as a friend but I'm not a friend. I can be friendly but there has to be that professional boundary and it is important to try and not let people become too attached to you. There's SO much expected of doctors and GPs and actually that's not just the patients. I think you hear all the time "Well, the GP is well placed to give advice on this, the GP is well placed to give advice on that," - I heard on the radio recently that GPs are well placed to give advice on marriage guidance and stuff like that - I really don't have time for that . I really, I really am not best placed for things like that.

The way that a GP's appointment system is structured would be ten minute appointments, so each patient will be booked in to ten minute slots. I really struggle with the ten minutes thing actually, I think that I've done well if I finish my surgery and I'm only half an hour behind. It's often more, and I do feel bad for people in the waiting room, but I can only work as fast as I can work. If you've got someone that's really quite frail it might take them a couple of minutes to actually walk from the waiting room, sit down and take their coat off, before you've even asked them anything. And then, if you need to examine them, that might take another five or six minutes. That leaves you with two minutes to actually talk about what they've come with, and if you want to build relationships with people you can't just talk about the medical thing that they've come with, you need to ask about

wider issues, you need to put them in the context of their ongoing life, not just the medical problem, and all of that takes longer than ten minutes. Sadly, we don't have longer. One of the things that we see all the time is people will come and they might mention something quite trivial and you go through that in detail and then they get up to leave, open the door, then turn around and say "Oh, by the way, I've been having this chest pain." And at this point your heart sinks, because you think "Oh no, I'm going to have to deal with this, this can't wait until next time." So you end up, I'll say to them "Come and have a seat again," and then you have to go through that, and unfortunately you have to run behind, because what they've mentioned as they're leaving is actually the most important thing and probably the actual reason why they've attended to see you that day, but it's taken until that point until they've been brave enough to actually disclose what they're worried about.

Sometimes, people want to talk as well. So I, I'm thinking about one woman in particular, who, we'd dealt with the tummy pain that she'd come with, and then she was just chatting. I was trying all sorts of tactics to try and make it clear that the appointment was over and she had to leave, and eventually she said I was the first person that she'd seen in two weeks, because she was so socially isolated. I felt bad. So I let her chat for another few minutes making myself later. But sometimes you just have to do that.

One thing about the workload, especially in winter, is that it can be too much. So I might do my fully booked surgery on Friday evening and then there will be people that ring up and feel that they need to be seen the same day, even though we're fully booked and in the heavy flu season, in winter that might be another five or six people and at ten minutes each, that's an extra hour's work. So sometimes it can actually feel a bit dangerous, because at this point you're at the end of the week. You've already done your full day's work. You're already tired, and actually you're seeing some of the people that might be your poorest patients, because they're the ones that have needed to be seen urgently, and that can sometimes not, not feel safe when you're tired. You might make mistakes, you might miss things.

I love my job. I do look forward to going to work. I enjoy the time with patients, I've got some really good relationships with patients. I enjoy the subject. I mean I love medicine and I love reading about it. However, it is really pressured at the moment, my days are really long, they're completely packed full, and I don't get time to rest, and it feels like more and more is being thrown on us, and we're having to do a lot more with the same resources, and the same amount of time, so it is stressful, but I wouldn't do it if I didn't love it. I do feel exhausted at the end of every day. But although I feel tired it is a good tired. Every day I've made a difference, it might be only a small thing, but I have made a difference every day, and someone has thanked me every day. It is, it is worthwhile, but it's tiring.