

General practice in 2008: a time of metamorphosis

Ann T Gregory and Nicholas A Zwar

Australia's GPs are meeting the challenges of change, while maintaining some constancies

A few short years ago, the death of general practice as we knew it was reported.¹ However, as suggested by our cover image of the mythical phoenix (Box), with its reference to Ovid's poem *Metamorphoses* — "what is called birth is change from what we were, and death the shape of being left behind" — there is another explanation. This perceived "death" may, in fact, have been the preface to a significant cycle of change now manifesting in general practice in many countries around the world, including Australia.

These changes, reflected in the articles in this general practice theme issue of the Journal, are many. They include already evolving pandemics of chronic illnesses, including cancer (see Weller and Harris, *page 59*; Jiwa et al, *page 78*), accompanied by the increasing realisation that patients with chronic illness often have multiple morbidities (see Knox et al, *page 66*; Britt et al, *page 72*). Parallel with changes in the epidemiology of disease, there have also been changes in health care policy and funding, including a wide array of systems for remunerating practices for their services, all of which need to be acknowledged and some of which could do with a degree of rethinking (see Ashworth and Jones, *page 60*; Kirby et al, *page 77*).

The phoenix — "and all things change"



"The themes of rebirth and renewal of the phoenix legend are universal; the fire can represent illness, death of course, or perhaps another kind of adversity from which, with courage, we might emerge changed by the experience, perhaps stronger."

Dr Kate Hansford, General Practitioner, Hobart, Tasmania.

Artworks by other GPs are also featured in this issue (*pages 94, 99, 102 and 128*).

Much discussion and debate about the possibilities for further change have followed the election of the Rudd federal Labor government, particularly the proposed introduction of GP Super Clinics² (see Kidd, *page 62*). The announcement that a National Primary Health Care Strategy is to be developed, with strong general practice input into the committee formed to steer the process, is a welcome indication of government interest.³ On the other hand, recent budget cuts to general practice programs such as after-hours services and e-health, and changes to the immunisation incentives program, send a contradictory message.⁴

Undoubtedly, major challenges surround the issues of general practice workforce and changing roles for general practitioners in clinical practice (see Thistlethwaite et al, *page 118*; Willcock, *page 113*). Interesting and challenging questions are being asked about what sort of clinician might be best equipped to provide health care for patients with several complex, chronic illnesses. In a world of increasing specialisation and subspecialisation, including within general practice, it is paradoxical that the role of the generalist will become more important in providing comprehensive, coordinated and accessible care for all (see Gunn et al, *page 110*). This same need underpinned an earlier rebirth of general practice in the 1950s.⁵

Though much has changed in the world and in general practice, some constancies remain. As highlighted by Professor Trisha Greenhalgh in her keynote address at this year's General Practice and Primary Health Care Research Conference in Hobart (<http://www.phcris.org.au/conference/browse.php?confID=758>), people in the community continue to want a knowledgeable, skilled and altruistic family doctor who understands evidence, but who also knows how to apply it with understanding and humanity. We believe this to be an apt description of a typical Australian GP.

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- 5 Garlan SA. Rebirth of general practice. *J Am Med Assoc* 1959; 171: 1937-1940.