

## **Redundant subjectivity?**

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I am ashamed to admit I have learned to dread going to my GP. Indeed, I positively avoid going, even when I think it might be useful or even essential. Letters inviting me for health check ups lurk unopened on the kitchen table and eventually find their way into the bin

Thinking about this lamentable situation, as one who 'should know better', I guess my phobia has grown over the years and led to a fundamental lack of trust in those over-burdened, hard-working souls charged with my primary care. And I think at the heart of this it feels as if my subjectivity is now more or less completely disregarded.

I go to the GP with a small agenda of, usually minor, problems that are important to me, but insignificant in the great scheme of things. And instead of attending to my concerns, the GP, attending in the first place to a computer screen, and then pushed no doubt by prompts and advice from government and other health bodies, insists on taking my blood pressure and interrogating me on my lifestyle before giving me unasked for advice about how I could live a healthier and better life (as if I didn't know that I could do that, and were not ashamed of the fact that I don't). I leave the surgery edified but effectively deafened out, both guilty and demoralised.

My partner has had worse experiences. An experienced psychotherapist, she has lately become hypothyroid, a condition she was warned years ago that she might develop. The condition became so serious that she thought she would have to give up her flourishing practice as she could not think properly. The GP's response: the blood tests show that you are within normal range so we are not going to do anything about it. But you seem rather depressed, so why don't we give you a mental health plan and refer you to psychiatric services?

My partner has quite a good sense of the difference between depression and physical depletion, but this seemed to count for nothing in the face of the statistics and the external guidance that appeared to have captured the GP's mind, judgment and prescription pad.

We later talked about how if you actually go to the doctor saying you feel low, you can be administered heavy-duty psychoactive drugs without recourse to any physical tests whatsoever. It appears, then, that the subjective experience of patients sometimes 'trumps' all other information, and is sometimes irrelevant, however lousy the patient feels, however close to some statistical border line they may be, and however cheap the treatment that might be prescribed for them (a daily dose of levothyroxine is very cheap, I understand).

I write in a spirit of perplexed solidarity with GPs. My perplexity revolves around the changing value of subjectivity in illness and clinical encounters, the value of different kinds of evidence and the nature of the role of doctors in a world that is served by more and better information and testing than ever before.

As to the changing value of subjectivity in illness and clinical encounters, it seems to me that until patients and doctors can model themselves on machines, behaving consistently and predictably over time, there will always be a value to subjectivity. If nothing else, it will get in the way if it is ignored and patients will become avoidant, angry or any number of other unhelpful, distressing things. This will be painful in the subjectivity of doctors whose own varied and needful persons cannot be regarded as a mere unhelpful contaminant perverting the course of rational investigation and treatment in the clinic – surely?

The patient-doctor relationship is complex and deeply contextual, affording and needing many different kinds of evidence for a mutually satisfactory outcome and collaboration to be achieved. What is statistically true for the population generally may or may not be relevant for particular individuals. It is likely that if you smoke you will acquire nasty diseases and have a shorter life. That did not stop my father from indulging in heavy smoking for about seventy years of his life before he died, having lived a full and happy life, at the age of eighty six. Scientifically-derived information is, at best, only half of the information that is needed to work with patients and other narratives and kinds of information are important – especially to patients themselves.

Which brings me to the role of doctors, called in some countries 'personal physicians'. It may be that in someone's mind or ambition the aim is to make

humans redundant in medical encounters so that people can self-diagnose and -treat with the aid of a computer and sampling kit. But until that day dawns, is it not the job, the skill and the satisfaction of GPs to mediate between data and facts of various kinds and the subjectivity of patients, learning from both and arriving at a satisfactory outcome in which in some sense patients feel better able to engage with their lives? I think I have heard many senior doctors in the RCGP argue precisely for this kind of skilful, compassionate and mutually rewarding approach.

So this short piece is just to affirm to clinicians that this would be much appreciated by patients and that it is not yet a reality in all local practices. We patients would really like you to take our subjectivities seriously – we are stuck with them, willy-nilly. More to the point, if you don't, you may find that the capacity to deliver on 'evidence-driven' targets of various kinds is threatened by our avoidance and non-co-operation. Trust depends on taking people and their concerns, however apparently trivial, seriously, and upon attending to them. So please inform the sources of guidance, protocols, and targets that you and your patients are persons with awkward and delightful subjectivities, not just numbers. That way, we will all get on much better enjoying happier and healthier professional relationships. Who knows, maybe the outcomes of encounters that take subjectivity more seriously may be cheaper and more effective in the long run?