

# Evolving practitioner, evolving practice

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I've written previously in this column about transitioning from general practitioner (GP) partnership, into being an employee. Six months after leaving 'my' practice, I have a portfolio life working as a GP in new and different ways, including appraising and nurturing others. It's been challenging and liberating. I'm enjoying working with patients from different communities, and demographic backgrounds, learning a lot from the variety, and thoroughly enjoying 'just being a doctor'. I have rediscovered my 'roots', including my love of trying to work out what the diagnosis is. I have been surprised that I no longer crave the much heralded 'continuity of care' badge of honour, but I do enjoy wearing the Sherlock Holmes deerstalker hat of detective work.

Now I am on the edge of a new venture. I'm about to start facilitating sessions of family therapy, not as a doctor but as a facilitator of family therapy. As a GP I have a strong interest in the possible systemic and family issues that may lie behind some somatic symptoms and physical presentations. For example, someone presenting with back pain may have a structural physical aetiology such as a disc problem, but there may also be an emotional systemic element to their pain relating to unprocessed ancestral issues, of which they have been hitherto unconscious. Using therapeutic tools to help bring those issues into the light, and to then support someone to consciously process what arises emotionally, is an approach that can alleviate their burden of pain. Such an approach helps people get out of their heads and into what their bodies are holding. I have completed a 2-year training period, and like a new driver who has passed their driving test, I'm about to get into the hot seat and start to 'drive' as an independent practitioner.

I'd forgotten what it's like to start right at the beginning, learning something new. I felt supported being part of a small team of

learners with seniors to look up to. Having been a GP for more than 20 years, I'm starting out as a novice again, and that's quite a challenge after years of feeling confident. But what I realise is that everything that has gone before will help support me in this extra new role: establishing rapport, getting into a relationship, and generally 'holding' and containing the person who has come to see me, with care.

A big difference will be not chasing the diagnosis, but watching carefully to see what emerges. There won't be tests and investigations, but there will be space and time to allow less conscious stories to come out and be aired, and hopefully to encourage some emotional processing of these stories. With that sort of healing, there can be shifts and steps forward: sometimes steps away from exhibiting unhelpful behaviours and even away from somatic symptoms. On reflection this all sounds like what general practice and general doctoring should involve.

I may share more of my own experience of this work with my clients. I've found it invaluable, and in the right hands, very grounding in support of my own personal development. Why would it be easier to share my experiences with a client than with a patient? I don't really know why, but already I sense the boundaries will be different. Potential clients will know I am a medical doctor, but I'll be introducing myself by my first name, meeting them in a room less formal than a doctor's consulting room, and I won't be a doctor for them. I will know when to advise them to return to their doctor if I hear something that warrants medical intervention. And if that happens, I suspect my authority as a practising doctor will prove useful.

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