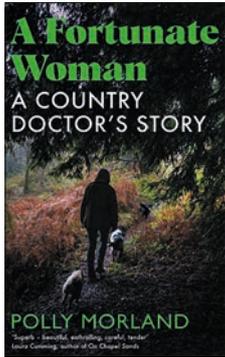




Book

General practice: a fortunate profession?



A Fortunate Woman: A Country Doctor's Story
Polly Morland
Illustrated by Richard Baker
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A Fortunate Man is a classic of photojournalism, published in 1967 by the art writer John Berger with the photographer Jean Mohr. The book examines the work of Dr John “Sassall”, a friend of Berger and Mohr and a general practitioner (GP) in the Forest of Dean, Wye Valley, UK. For 6 weeks in the mid-1960s, the writer and photographer accompanied Sassall to every consultation he attended. Berger’s accompanying essay makes excursions into the historical roles of the doctor, cultural deprivation, the nature of vocation, and the Renaissance dream of achieving universal knowledge. The result is a candid and illuminating vision of primary care, and *A Fortunate Man* is much loved by many GPs for its lack of romanticism, and the subtlety of its portrait of a kind of general practice that has all but disappeared. In 2015, I wrote an introduction to a new edition of the book outlining how Sassall’s kindness and imaginative empathy are an inspiration in my own work as a GP, but how at the same time he stands as a warning of what can happen when boundaries between a physician and their patients begin to break down.

Berger died in 2017 and Mohr died in 2018, while the man pseudonymised as “Sassall” died by suicide in 1982. “John the man I loved killed himself”, wrote Berger in the afterword to a later edition of *A Fortunate Man*. “And, yes, his death has changed the story of his life. It has made it more mysterious. Not darker. I see as much light there as before.” *A Fortunate Man* was always intended as an ambiguous title given how the book balances the privileges of Sassall’s work with its profound and relentless challenges.

Polly Morland is a writer and documentary maker. A journalist by background, Morland has written books about bravery, risk, and people who have experienced profound transformations of life. She lives in the

Wye Valley and, on clearing out her mother’s house during the COVID-19 pandemic in 2020, she came across an old 1960s edition of *A Fortunate*

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Man that had fallen down the back of some shelving. Opening it at random she recognised the landscapes depicted in its pages as those around her home, and fell under the book’s spell. She found the book a thrilling exposition of the layers of meaning involved in the work of medicine: “there was something beguiling in this dual role of clinical expert and compassionate witness to people’s stories and their struggles over time. It was a book about relationships”. Morland began to wonder at the changes that had occurred in her community since the book’s first publication.

The current GP of Sassall’s practice, the *Fortunate Woman* of Morland’s book, “Dr R”, was someone Morland knew well. “I set aside the book, emailed the doctor, and within the hour, she’d replied. Yes, she knew the book. Yes, it had played an extraordinary part in her own story; she’d explain how. And yes, yes, we should meet.” *A Fortunate Woman: A Country Doctor’s Story*, Morland’s reflective and insightful book about those meetings and conversations, examines the work of this GP and is, therefore, a tribute to *A Fortunate Man*, as well as a re-examination of its themes in the light of both the pandemic and the 50

intervening years—years that have seen attitudes and approaches to general practice transformed.

Berger’s book opens with six case studies of clinical encounters, before moving on to a digressive exploration of the nature of GP work and an analysis of Sassall’s character. Morland intersperses her own case histories with philosophical discussion and speculation from the outset, and I found myself relieved that she had not tried to mimic the earlier book’s structure too closely, or map her own reflections onto Berger’s beyond those that necessarily echo descriptions of a rural farming community with all its stoicism, industry, challenges, and pragmatism. Fans of Berger’s book will enjoy the new photographs by Richard Baker, and the anecdotes and allusions Morland pulls from interviewees who remember Sassall’s eccentricities. On hearing about the project, Morland’s mother tells her to be careful, then that Berger “would be a hard act to follow. She was right.”

But to frame Morland and Baker’s book as simply a response to Berger and Mohr’s work would be to do it a disservice; it has its own value, particularly in its portrait of Dr R, who discovered and loved *A Fortunate Man* as a teenager. Although Dr R admired and revisited Berger’s book throughout her career, she did not realise exactly where it was set, and was Sassall’s successor for some years before she realised the connection—and that she had become the GP of many of the patients depicted in the book. I recognised the way Dr R continues to revisit the pages of *A Fortunate Man*—how with each rereading, the GP feels as if she learns something new about the mystery of medical practice, about the ways illness inflects individuals’ identities and influences self-knowledge. The book helps her appreciate the delicacies of that

relationship every person has with their illness. “She had come to know, first-hand, that understanding and honouring that relationship lay at the heart of a doctor’s work”, Morland writes. “She also now understood what she hadn’t as a teenager: that the story was not just about one obscure country physician, but touched something universal in the experience of doctors and their patients everywhere.”

Over repeated conversations, and periods observing Dr R at work, Morland drills down into the nature of clinical encounters, and begins to realise just how difficult are the balancing acts GPs conduct within their consultations dozens of times a day—difficulties exacerbated by relatively diminishing resources for the UK’s National Health Service (NHS), workforce shortages, and the absurdity of providing 21st-century medicine in 10 minute appointment slots. The patient, she realises, sees only the GP’s nods and smiles and body language but remains for the most part unaware of “a complex cerebral choreography [that] is unfolding behind the scenes. This involves sifting and ranking the range of possible outcomes, balancing one risk against another, from petty to dire, then feeding into the equation the patient’s medical and personal history, their stated wishes and likely individual behaviours (which may not be identical) before finally determining the best course of action”. For GPs in early training it can seem impossible that one might ever master this skill, but in watching Dr R, Morland sees how the process had become smoother and more intuitive over the years. Different kinds of patients need different kinds of doctors, and the very best clinicians shift seamlessly in demeanour between one patient and the next. Morland describes Dr R’s skill in managing these transitions: “Always something of a social chameleon, at ease with patients of all backgrounds thanks to the odd blend of working class and smart equestrian in her childhood, mirroring comes naturally to her.”

Among Morland’s many interviewees is a nun for whom Dr R has provided medical care for 20 years. “We’ve heard a lot during the pandemic, haven’t we, about how people have learnt to be loving and caring, and I think the doctor was already loving and caring”, the nun says. “I don’t know if you’d call that spiritual or not. The point is she’s a person, not a service. That’s why she’s always late for appointments. It’s because she spent time with the one before you. And if you ask me, that’s a very good thing.”

My own medical practice has four GP partners, two nurses, one pharmacist, and six administrative staff, and of those 13 professionals I happen to be the only man. Morland’s portrait of Dr R updates Berger’s vision of general practice in several important ways, but her title alludes to one of the most striking and welcome changes—the shift from the male-dominated profession of Sassall’s day to one that is far more balanced in terms of gender. It was in 2014 that female GPs became for the first time a majority, and now almost 70% of GP trainees in the UK are women. Dr R’s two clinical colleagues are also women, and Morland’s book is valuable for the way it highlights some of the progress made on gender equality in today’s general practice.

Primary care is a branch of medicine which, in the best of its manifestations, has the luxury of being able to define itself in terms of long-term relationships. “If relationships were a drug”, said Martin Marshall, Chair of the UK Royal College of General Practitioners Council in 2021, “guideline developers would mandate their use”—a statement backed up by research from Norwegian GPs showing that continuity of care reduces hospitalisation. For patients to be able to see a familiar GP boosts health outcomes, mitigates against unnecessary admissions, and improves patients’ satisfaction. And for non-urgent presentations, having a part-time GP should not be a barrier to accessing that kind of care. Morland



Richard Baker

notes in passing the painful economic consequences of atomised GP care and reports that in the UK, GPs offer more than 300 million consultations per year against 23 million visits to hospital accident and emergency (A&E) departments. She adds that “a year’s worth of GP care per patient costs less than two emergency presentations at hospital”.

This is a book that celebrates relationship-based medicine, and what we stand to lose if this person-centred approach to general practice is deprioritised, outsourced to drop-in centres, A&E, or national telephone and internet services like NHS Direct. Towards the end of the book, Dr R reflects on the changes in her profession and asks herself how she can continue to get better and better at the difficult but important work of front-line primary care. “Her life’s work is not simply about the application of a body of knowledge to an assortment of human objects”, Morland writes, it is something far more dynamic and precious, “a pursuit meaningful in and of itself”. As a profession, medicine must do what it can to protect general practice, and those of us who are GPs can consider ourselves fortunate indeed.

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