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Speakers' Corner - The most fun a GP can have without coming to the attention of the GMC

This month Dr Paul O'Reilly explains the challenges of working with a homeless patient population and the rewards his work offers. Paul is a partner at the Dr Hickey Practice in Westminster and chair of Kensington, Chelsea & Westminster LMC. He writes:

General practice for homeless people is most commonly described as the most fun a GP can have without coming to the attention of the GMC.

As we all learned at our trainer's knee, general practitioners are specialists, not in any particular part of the body, nor in any particular group of diseases, but rather in particular populations of people in whom we develop the expertise required to serve their needs. Well, for my population, homelessness is always a disease of relationships – it is what happens when no one in the world will give you a bed for the night. So it is a final common pathway of many conditions which affect people's ability to form and maintain relationships – most commonly drugs, alcohol, chronic severe mental illness, personality disorders and the diseases associated with migration. But if GPs have any particular skill, it is our ability to form relationships with people which we can then use respectfully to help people improve their health.

So, a large part of the fun is the patients for whom we work. Most of our people carry an immense burden of physical and psychiatric morbidity and come to us in hope that some small part of that may be helped. They do not generally demand instant cures, but just whatever remedies are available. And if you give them hope, they will believe another world is possible and they will cross anything to get to it. Last time we had snow on the ground, two of them walked fourteen miles through the snow rather than reschedule an appointment.

Another of the joys is the people with whom we get to work. Don't tell them I said it, but there is not one of our staff who could not work shorter hours, earn more money, run lower blood pressures or smoke fewer cigarettes by doing something else. What keeps them working with us is our shared knowledge that we are contributing to making some very sick people as well as they can be.

And that is the biggest reward - getting to make a difference. As a GP for homeless people you need never be in doubt that you are changing your patients' prognoses for the good. As people go, homeless people are very sick. Average age at death for homeless people in general is between 44 and 48, depending on whose numbers you prefer. Average age at death for street homeless intravenous drug users is 34. Arguably, in terms of their health statistics, some of the poorest people in the world live between the palaces of Buckingham and Westminster.

But within our population, the average age of death within our practice is around 54. To be honest, I never entirely know whether that is a number I should be proud of or ashamed of – proud that we do makes a measurable difference to how long our people live; ashamed to be part of the society that permits such things.

But if you ever get the chance to participate in homeless general practice, my advice is to give it a go; it might change the way you see patients; it might change your life; it might even remind you of why you filled in that bloody UCAS form in the first place.