In her editorial, Clare Gerada describes, in this dismantling situation for family medicine, the progressive shift for GPs from an advocate to gatekeeper role. This is true and dangerous.

The role of advocate in our situation has not legal but medical roots, opposite thinking from John Matthews. It comes directly from the European Definition where GPs’ characteristics contain comprehensiveness, community orientation, and holism (a biopsychosocial approach). So, nothing to do with legal roots but the real medical roots. Advocacy in this context is not separated from decision making, on the contrary, the GP must be the advocate in the sense to stay by their patients, making decisions together with their patients in a difficult bureaucratic and cutting system. Just recently in the WONCA European Definition the characteristic of patients’ empowerment was added in all its significance.

It does not make sense for GPs to spend their time negotiating contracts with managers and hospitals, and even less to bear financial risk for their expensively ill patients, turning GPs into rationers of care and away from their professional role as patient advocates.

So, I totally agree with Clare Gerada’s editorial. She understands how this dismantling situation in primary care (where innovation is going to destruction and cherry picking patients away from their normal primary care provider, limiting referrals and treatments on financial rather than clinical grounds, and creating opportunities to control medical care before it is delivered, and creating perverse incentives) is really the transformation from human and clinical advocate to a cold gatekeeper, in this case for other and upper providers.

I think all these will turn in a worsening of our role and the final assimilation by John Matthew with a steward (a gatekeeper even) is indicative how the situation is going to disrupt the advocacy just against our most important clients, our patients!

References

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