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# GPs of the future as agents of sustainability

PERSPECTIVES

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## Healthcare education must develop the students' competence to manage challenges associated with sustainable decisions.

Sustainability is a challenging concept. It is a forceful expression of power that requires individual action from all of us, but it is also a stock phrase used to describe everything and nothing. However, there can be no doubt that the 17 UN Sustainable Development Goals (SDGs) (1) are crucially important as a global roadmap for the work and training of doctors. Health is a prism through which all the SDGs come into play. This concerns air and water, heat waves, pollution, war, peace, social inequality etc. In other words, health is created far beyond the confines of the health services. Many years have passed since Per Fugelli expressed his concern for the health of the planet and called upon doctors to take out their macroscope and examine patient Earth. He was a true proponent of sustainability and encouraged doctors to see the interconnections between human health, the natural world and society (2).

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A sustainable health decision is an evidence-based decision which is grounded in principles and values that cut across the sustainable development goals. It is a decision based on consideration of complex – often contradictory – concerns. For example, a GP's decisions have ramifications that go far beyond their own surgery and the health sector. It could be a decision that includes the resources and needs of the future, made in a compassionate spirit aiming to uphold the global UN mantra of 'leaving no one behind'.

One of the goals of the Centre for Sustainable Health Education (3) is to help update health education in light of the SDGs, thus enabling health personnel to make sustainable decisions. In the spring of 2022, students who were in clinical placements in GPs' offices in their fifth year of study were tasked with identifying challenges to sustainability that they encountered during their clinical placement period. Even though we have not yet undertaken any formal analysis of the results, we have summarised the students' findings in six main topics (Box 1). We will use these and selected descriptions from the students' patient cases to elucidate the students' perceptions of the ways in which sustainability is part of decision-making in the GPs' surgeries.

### Box 1 The 'Sustainability in General Practice' project (4).

In light of the ambitions of the Centre for Sustainable Healthcare Education to develop training programmes that will enable health personnel to make sustainable decisions, we have deemed it important to gain insight into challenges to sustainability in various parts of the services. In this project, we focused on the GPs' surgeries. We recruited fifth-year students in clinical placement in a GP's surgery to identify, describe and discuss one sustainability-related challenge that they encountered.

Eighteen students submitted a written summary and a discussion based on the following assignments:

1. Description of the situation (e.g. Who is present/involved? Where does it take place? What is the situation about?)
2. In what ways does the situation concern sustainability?

During the process, the students should discuss the situation and the challenge it posed to sustainability with relevant persons in the GP's surgery before completing their description/summary.

Main topics

The topics that the students identified can be categorised into the following main areas:

- Patients who request unnecessary treatments or examinations for minor symptoms
- Healthy, but 'exhausted' patients who ask for a sick note
- Patients who frequently come in with old or new symptoms and request examinations
- Patients who want to use addictive drugs for chronic conditions on a daily basis
- Patients who ask for examinations that are incompatible with the guidelines
- Patients who seek help for non-medical problems

## The students' examples

Here we share two concrete examples from the students' reflections. The first concerns a patient who requests a sick note because he is tired after working a lot of overtime. The student notes that here, a number of sustainability-related choices need to be made, and that these will have an impact on the patient, the health services, the patient's workplace and society. The student starts by reflecting on whether stress due to overtime work can be considered an illness and thus meets the criteria for a sick note. Without any further elaboration on the concept of illness/health and social security entitlements, the student addresses the employer's responsibility for their employees' work and health. Should the employer actively relate to what is sustainable for the business, the

employee in question and their colleagues? The student assumes that the employer may have remained unaware of the problem until it was too late, and that the GP must find a solution to the company's working environment problems in connection with overtime. Perhaps the GP also must initiate a full, resource-intensive somatic examination of the patient. The principle of providing care at the lowest effective level is related to sustainability; it means not using more resources than necessary. In the current situation, the GP is often considered to represent the lowest effective level of care. However, the student argues that we should consider whether there are other levels below the GP that are appropriate, for example a trade union representative in the workplace, the employer or the company medical officer. Thereby, overtreatment and unnecessary somatic examinations can also be avoided.

The second example involves an older patient who had lost her voice for several days and suffered from a sore throat and a painful cough. Her CRP was moderately elevated, and the examination returned no significant clinical findings in the patient. The patient insisted on antibiotics, because she needed to get back to work quickly. The student highlights two issues as relevant in terms of sustainability. First, granting the patient's request would involve a risk of potential overtreatment. Second, reducing the amount of antibiotics used is an important objective to avoid development of resistance. Various viewpoints emerged in the discussion between the doctors in the medical centre, showing that a range of perspectives were taken into account in the consideration of treatment alternatives. For example, it was highlighted that there is a need to provide reasons and an explanation to the patient of why antibiotics should not be given here, but this needs to be weighed against the use of time. Emphasis was also given to how such considerations help build (or destroy) the patient's respect for and trust in the doctor and the doctor's professionalism. Another participant in the discussion claimed that in Norway today, the use of antibiotics is at such a low level that we need not worry so much about resistance. The student summarised the discussion by noting that the example shows a commonly occurring dilemma, where the doctor must include issues related to the patient, the use of time and resources, and global perspectives in their considerations. In a long-term perspective, the relationship between the patient and the doctor is also an important factor.

## Key competencies

Even though we have not undertaken any formal analysis of the students' reflections, we interpret their descriptions of these two examples as evidence of ability to engage in *systems thinking* and *critical thinking*. According to UNESCO, these are two key competencies needed to realise the SDGs (4). System thinking is the ability to identify and understand interconnections, to analyse complex systems and, not least, to deal with uncertainty. In a health service context, this could involve analysing interconnections between illness/health and the context of the issue at hand, including economic and social conditions. Having critical thinking skills means to be able to question norms, practices, procedures and opinions. This includes reflecting on one's

own values, opinions and actions, and being able to participate in discussions on sustainability. Critical thinking is considered crucially important, since doctors very often need to relate to uncertainty and ambivalence in situations that have no predictable outcome, nor a 'single best solution'. Critical reflection requires a student (and later clinician) to be able to explore the underlying premises of the problem they are facing. This may imply that although tiredness is not a diagnosis, it might still be appropriate to write a sick note. Is there anything in the specific situation (e.g. in light of the doctor's knowledge of the patient's history and social situation) that should be given weight? Skills in system thinking and critical thinking include the ability to express doubt about the validity of arguments, facts and current arrangements. Moreover, these skills are crucial in order to develop independence as a professional practitioner and for personal growth.

In practical life, the student – and later doctor – must reflect on these matters and based on them decide what is the best possible action to take with regard to this patient in particular. As shown by the examples above, this will not always be what the patient asks for or hopes for. Quite the opposite, it will often mean refraining from ordering tests and examinations or deciding against initiating a drug-based treatment. In the situation, the patient may of course easily perceive this as a rejection – that they are not 'being taken seriously'. Our preliminary interpretation of the findings from our little study (see the box) also indicate that the students found it difficult to relate to the patients in such situations. How should they communicate their reflections and their decision so as to get the patient on board? How could they bring the patient to understand that this was not a rejection, but a professionally based overall assessment that was in the best interest of the patient as well as that of others? We need to teach the students that such communication is in fact possible, and that it must be based on trust. As they gradually gain experience, and continuity in their doctor-patient relationships, this will gradually become easier and eventually be seen as a natural element of a GP's life. The contract GP scheme is in itself a contribution to a sustainable health service, where increasing continuity contributes to use of fewer resources, which has also been shown to lead to better health outcomes (5).

> ***«The contract GP scheme is in itself a contribution to a sustainable health service, where increasing continuity contributes to use of fewer resources, which has also been shown to lead to better health outcomes»***

Finally, we would like to highlight two issues that these examples illustrate. The first is how training programmes can ensure that the students are taught to include sustainability in their clinical decisions. The RETHOS regulations do not mention this explicitly, but section 16a says: 'The candidate has detailed knowledge about fundamental factors that promote good health and prevent illness at the individual and societal level, including the importance of environmental factors, vaccines, infection control and labour force participation' (6). Section 2 says: 'The training shall ensure that the candidate safeguards the welfare of the individual patient, while also taking the needs of

society and global priorities into account'. We believe that the regulations should be amended with a clarification of the responsibility of the educational institutions to develop their students' competence in dealing with challenges associated with sustainability.

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