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Poverty medicine: how we are failing poorer and isolated patients

Empathy alone can't solve life's problems, but GPs don't have the means to treat the root causes of patients' malaise

'Doctors can prescribe exercise on the NHS. But what if we could formally prescribe patients art therapy, singing, cooking, reading and much more?' Photograph: Alamy

Poverty medicine is a term coined by US physician Raymond Downing in 2001 on his travels through rural east Africa to mean

"not just what our patients lack but also what we [the doctors] lack in trying to treat them."

No one specialises in this area of medicine expanding here in the UK, but I am now practising it. Patients are turning up to the surgery with pain, headaches and depression. Many are isolated and feel a general sense of malaise.

They attend frequently, find it hard to recognise their problems and experience hopelessness. They adopt the sick role, one that we as doctors also thrust upon them. But there are long waiting lists for talking therapies, which could help them, and crisis teams for psychiatry are under-resourced. Pain clinics, where physiotherapists, psychologists and doctors work together, are a useful resource but they too have long waiting lists. And now GPs are under growing pressure from clinical commissioning groups, who hold the purse strings, to reduce referrals to secondary care. Last week, we learned that a quarter of clinical commissioning groups in England are offering a financial incentive to GPs to cut referrals. Although not the case at my practice, budgetary pressures are forcing us to refer fewer patients too.

When treatments for life's problems are hard to come by, sometimes only the relationship between patient and GP remains

Over the years I have learnt that patients often have ideas, concerns and expectations that lie beyond their symptoms. I like to think that I can pick up on these cues when I hear, see or even sense them. But patients consult doctors for a vast variety of reasons: from trying to get a diagnosis or treatment, to looking for reassurance for health anxieties, or to alleviate loneliness. I sometimes see a woman who comes just to talk – she sits down for 15 minutes, says what she wants to say and I listen. Then she leaves. I give no prescription, offer no test or even words. But she feels better. And I sit up a little straighter for the next patient coming through the door. I have a sense of having helped in a small way.

The work of Hungarian psychoanalysts Michael and Enid Balint is widely used in general practice.

They first identified that the symptoms described by patients may not be the real reason for their attendance.

Doctors' own emotions could also change the course of the consultation: be it negativity, a sense of futility or exhaustion of empathy.

They found that doctors themselves have a powerful therapeutic effect on people, through their own personality, not just the medical treatments they prescribe.

In times of austerity, when many doctors are seeing "poverty medicine", a GP's greatest asset can be empathy and the ability to signpost and harness support for these patients. Indeed, when treatments for life's problems are hard to come by, sometimes it is only the therapeutic relationship between patient and GP that remains.

Sometimes doctors prescribe antidepressants that will take the edge off symptoms. We can also prescribe exercise and food vouchers on the NHS.

But what if we could formally prescribe patients art therapy, singing, cookery, reading, gardening, walking groups and so much more?

It would give them a community and a purpose, as has been done successfully in Frome, in Somerset. Here in Bristol, provision of such voluntary schemes is patchy – often they are just a few pilot schemes and run out of funds.

The NHS urgently needs more investment and commitment to this social prescribing if we are to better treat the symptoms of poverty and isolation, yet all we see are cuts.

But the only way to end poverty medicine is to end poverty itself, and that goes much wider than the medical establishment.