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Out of Hours
A ‘brexistential crisis’ in solidarity

Our first partners’ meeting after the referendum result. As usual, we have a bite to eat and go round and ask how everyone is. So, after a fairly bruising, very busy period, what was bothering us most of all at work? The referendum result.

We each appeared to be going through our own ‘brexistential crisis’; having worked between 5 and 15 years in the practice, each of us has got to know the area we serve well and, like most GPs, developed a strong connection with the place and the people.

Striped of its industry years ago, many families have suffered the generational ‘double whammy’ of economic misfortune — joblessness in the successive downturns of the ‘eighties’ and late ‘noughties’ — and, in 2014, the area was reported to be the sixth most deprived area in Northern Europe. Life opportunities are few and the knock-on effect on health is apparent on a daily basis. Over time, working with patients and their health issues has built a strong sense of understanding and trust, but also a sense of respect and regard for the resilience and positivity within the community. And, unlike the stereotype, a tolerance of differences in sexuality, religion, and race has been the majority position. Trying to capture this relationship in a single word is difficult, but perhaps ‘solidarity’ is as good as any. The Oxford Dictionary defines solidarity as a ‘unity or agreement of feeling or action, especially among individuals with a common interest’.

Our common interest is maximising each individual’s use of their ‘health’ resource, despite the inequities in opportunity they face. We have mutually supported each other towards this goal over the years, and, through all the hard work, the rewards have been many.

Perhaps predictably, none of us voted for ‘leave’ but the area polled nearly 70% in favour of leaving the European Union. And, since the vote, some of use had detected some upsetting evidence of prejudices we hadn’t previously seen and were having to reconcile this all against our efforts over the years. Our solidarity with the place, the people, was being tested.

CARRYING ON POST-BREXIT
And how should we respond? Trust in GPs remains as high as ever and, in 2015, a YouGov poll suggested 61% of people wanted more doctors to stand for parliament. As such trusted members of the community should we have voiced our collective opinion more strongly? Should we have done more to help ensure the ridiculous and now discredited claim that voting to leave the European Union would mean an extra £350 million for the NHS was recognised as the baloney it always was?

We have previously supported the BMA and the RCGP campaigns on junior doctors and general practice with posters and leaflets, so why hadn’t we been more vociferous on this issue when the public’s regard for the NHS was clearly being manipulated for alternative ends? It would have been easy for us to express our collective opinion via our video system in the waiting room. On the other hand, can we legitimise such a role or would such actions eventually lead to an erosion of trust in us as health professionals and risk us being contaminated by the general distrust of ‘experts’ prevalent at the moment? In the end, we resolved to put a poster up next to our ‘zero tolerance’ on aggressive behaviour, explaining that we felt the same about discriminatory comments. An important gesture but I can’t help but feel it is on the wrong side of the barn door long after the horse has bolted.

Yet, despite our frustrations with events, it is of course the same community and we have to recognise that outside influences — recent economic decisions that have further damaged their choices, and mistruths specifically targeted at hijacking their frustration at this — have led us to this position. We have to understand the context within which people voted as they did.

In the end, we will have to do whatever we can to minimise the damage done, and focus again on working together to maximise health and wellbeing.

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