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## TALKING POINT

## John Launer: Botox, lifestyle medicine, and future general practice

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Some years ago I taught an exceptionally bright young GP on a course. She seemed to grasp the values of the specialty intuitively. I hadn't heard news of her for a while, but I discovered recently that she runs a private aesthetics clinic, offering botox, fillers, and so forth to people who want to look younger and are happy to pay for this. Forgive me, but my heart sank. It wasn't the kind of career I'd hoped she might pursue. At the same time, I recognised that she may have made the choice for her own good.

We hear a lot about doctors emigrating, but I'm hearing of far more who stay in the UK but leave the NHS. Some are already thinking about it during their specialty training. I come across others when I do their appraisals two or three years later: they're carrying out sessions in aesthetics, lifestyle medicine, wellbeing clinics, or various screening services. Some are doing this part time to supplement their income or between spells of locum work, but a significant number are moving into full time private work. My perception is that these doctors include some of the best of their generation.

Their motives vary. These often include feeling overwhelmed by the punishing pace of NHS work. However, in some localities these doctors are finding the opposite: they can't make a living because different professions are taking over GP work, and practices are engaging far fewer sessional doctors. Many who do private work are parents who simply want to spend more time with their children. Few of these doctors ever expected their lives to go in this direction. Some were prejudiced against the private sector until they discovered how pleasant the working conditions were. They're now enjoying longer consultations than most NHS surgeries, as well as the gratitude of their patients.

Cosmetic rejuvenation and whole body scans may not save many lives or advance social equity, but they seem to make many patients happy. The young doctors involved also appreciate parity of income with their non-medical peers from university, who may have gone into investment banks or management consultancy and who now earn three times as much and can afford to pay off their student loans. Overall, these young doctors seem to feel as though the NHS hasn't been particularly loyal to them—so perhaps we shouldn't be surprised if they have little sense of allegiance in return.

In hospital medicine, few young people join the private sector until they've spent many years serving the NHS and have attained a consultant post. In general practice, however, they now seem to be leaving early and quickly. The social and financial pressures on them to do so are great. Medical schools and GP training schemes may be preparing a significant number of learners for work that they'll do for only a short while. We should be keeping track of their numbers and talking about what this development means for the future of general practice.

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