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'MY DOCTOR': PATIENT AND CARER EXPERIENCES OF THE GP ROLE FOR PEOPLE IN THE LAST YEAR OF LIFE

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Background The General Practitioner (GP) is an important provider of care for people with advanced disease and at the end of life. The GP, in combination with other members of the primary health care team, occupies a pivotal position in delivering end of life care in the community (Thomas, 2009). However, little is known about how patients and spousal carers understand this role, and experience GP involvement in their care.

Aims To describe patient and spousal carer experiences of the GP in their care, in the last year of life.

Methods Phenomenological methodology was used to illuminate the lived experience of patients and carers in relation to the involvement of health care services. Twelve patients assessed as being in the last year of life and eight spousal carers participated in interviews which utilised the visual method 'Pictor' to promote reflection and discussion of roles and relationships with their care team. Data were analysed using phenomenological techniques supported by Template Analysis.

Findings The GP role is important to patients and carers, who have a strong perception of the care that they feel the GP should be providing. The GP is often described as 'my doctor' and people desire regular GP involvement in their care, even where there is no acute need, and to feel that the GP recognises their illness experience and knows them as an individual. Where this relationship does not exist, dissatisfaction with the service can be present, even when people are confident that the GP would be involved in care if it was requested.

Conclusions Patients and spousal carers have strong perceptions of the GP role in the care of people with advanced disease. Sometimes these perceptions do not match their experiences of care provision which can lead to dissatisfaction with care.