

Perinatal care

Generalists essential in an increasingly specialised world

Stephen A Margolis

The challenge we all face is how to maintain the benefits of breadth, diverse experience, interdisciplinary thinking, and delayed concentration in a world that increasingly incentivizes, even demands, hyper specialization.¹

When compared with the scope of clinical practice most general practitioners (GPs) were managing daily a generation ago, today's range may seem somewhat limited. Perhaps we should celebrate the offspring from generalist care that now have their own unique homes, such as breast, forensic and sports medicine. Yes, all GPs continue to have some part to play in these important areas, but the more complex and advanced components have moved away.

Is the consequence of the natural maturation of a system one that only celebrates 'experts'? Colloquial phraseology such as 'jack of all trades, master of none' revering specialisation has roots perhaps as early as the early 1800s.² A more idiosyncratic demonstration is the defeat of the human world chess champion by a single focus computer in 1997.³ Yet, evidence is mounting that specialisation is not necessarily the only path to success. Bill Gates acknowledges the success of Microsoft to teams of generalists who share a wide view rather than narrow specialisation experience.⁴ This is explored in detail by Epstein, who celebrates the generalist and details how diversity of experience potentially produces better outcomes.¹

Interestingly, the positioning of pregnancy and neonatal care has

somewhat defied the trend towards exclusion of GPs at the behest of specialisation. This area of practice has always been at an interesting intersection between GPs, obstetrics and paediatrics on the one hand, and midwifery and child health nursing on the other. Further complexity is provided by the historical and ongoing support and recognition of GP obstetricians,⁵ who continue to provide the advanced care arm of obstetrics across much of rural Australia. Hence, rather than potentially excluding GPs by moving these to a separate specialised area, pregnancy and neonatal care are more integrative across vertical dimensions (GP–GP obstetrics–obstetrics–paediatrics) as well as horizontal dimensions (GP–midwifery–child health nursing).

That aspects of maternity and neonatal care remain core GP skills is not inherently surprising, as whole-person care would naturally include all stages of a person's life: conception through old age and death.⁶ Importantly, GPs are well positioned to consider this care within the overall context of the person within their social, economic, geographic and environment structure. Clearly, referral to other specialists for shared care is important, but GPs are best positioned to time and coordinate this process.

This issue of *Australian Journal of General Practice* celebrates the ongoing relationship that GPs have with pregnancy and neonatal care. Across the five Focus articles, authors discuss important aspects of care that will be of interest to generalists, including the latest word on management of hyperemesis⁷ as well as aspirin for prevention of pre-eclampsia.⁸

In summary, perinatal care is a clear demonstration of the vertical and

horizontal integration of GPs into the broader healthcare system, a model that could be adapted more broadly across other domains.

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