



UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

“The value of every human contact”  
Clinical care in the community as a privilege, a  
challenge and an opportunity

Prof. Liam Glynn

GP, Ballyvaughan, Co Clare,

Professor of General Practice,

Deputy Head,

Graduate Entry Medical School,

University of Limerick





UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

“One of the compensations of growing up is having ‘the power of taking hold of experience, of turning it round, slowly in the light’.”

Virginia Woolf

## Dualism in Medicine



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# Dualism in medicine

“Any system that explains phenomena by two opposing principles”

“The interplay of opposites”

- Biology Vs Behaviour
- Nature Vs Nurture
- Science Vs Art
- Life Vs Death





UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# Academic General Practice Dualism of Context?



**“The Celtic mind was not burdened by dualism. It did not separate what belongs together”**

John O Donohue



UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

“The value of every human contact”  
Clinical care in the community as a **privilege**,  
a challenge and an opportunity

### 3. The Nativity

No man reaches where the moon touches a woman.  
Even the moon leaves her when she opens  
Deeper into the ripple in her womb  
That encircles dark to become flesh and bone.

Someone is coming ashore inside her.  
A face deciphers itself from water  
And she curves around the gathering wave,  
Opening to offer the life it craves.

In a corner stall of pilgrim strangers,  
She falls and heaves, holding a tide of tears.  
A red wire of pain feeds through every vein  
Until night unweaves and the child reaches dawn.

Outside each other now, she sees him first.  
Flesh of her flesh, her dreamt son safe on earth.



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# The Privilege of clinical care in the community “Death and Dying”





UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# The Privilege of clinical care in the community “LIFE”







UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

“The value of every human contact”  
Clinical care in the community as a privilege,  
a **challenge** and an opportunity



# Challenge #1

## “Multimorbidity”

Family Practice Advance Access published March 24, 2011

*Family Practice* 2011; 0:1–8  
doi:10.1093/fampra/cmz013

© The Author 2011. Published by Oxford University Press. All rights reserved.  
For permissions, please e-mail: journals.permissions@oup.com.

### The prevalence of multimorbidity in primary care and its effect on health care utilization and cost

Liam G Glynn<sup>a,\*</sup>, Jose M Valderas<sup>b</sup>, Pamela Healy<sup>a</sup>, Evelyn Burke<sup>c</sup>,  
John Newell<sup>d</sup>, Patrick Gillespie<sup>e</sup> and Andrew W Murphy<sup>a</sup>

<sup>a</sup>Department of General Practice, National University of Ireland, Galway, Ireland, <sup>b</sup>Department of Primary Health Care, NIHR School of Primary Care Research, Oxford University, Oxford, UK, <sup>c</sup>Faculty of Medicine, Wolfson Medical School Building, University of Glasgow, Glasgow, UK, <sup>d</sup>Clinical Research Facility, National University of Ireland, Galway, Ireland and <sup>e</sup>School of Business and Economics, National University of Ireland, Galway, Ireland.

\*Correspondence to Liam G Glynn, Department of General Practice, National University of Ireland, Galway, Ireland; E-mail: liam.glynn@nuigalway.ie

Received 12 October 2010; Revised 16 February 2011; Accepted 20 February 2011.

**Introduction.** Multimorbidity is common among the heterogeneous primary care population, but little data exist on its association with health care utilization or cost.

**Objective.** The aim of this observational study was to examine the prevalence and associated health care utilization and cost of patients with multimorbidity.

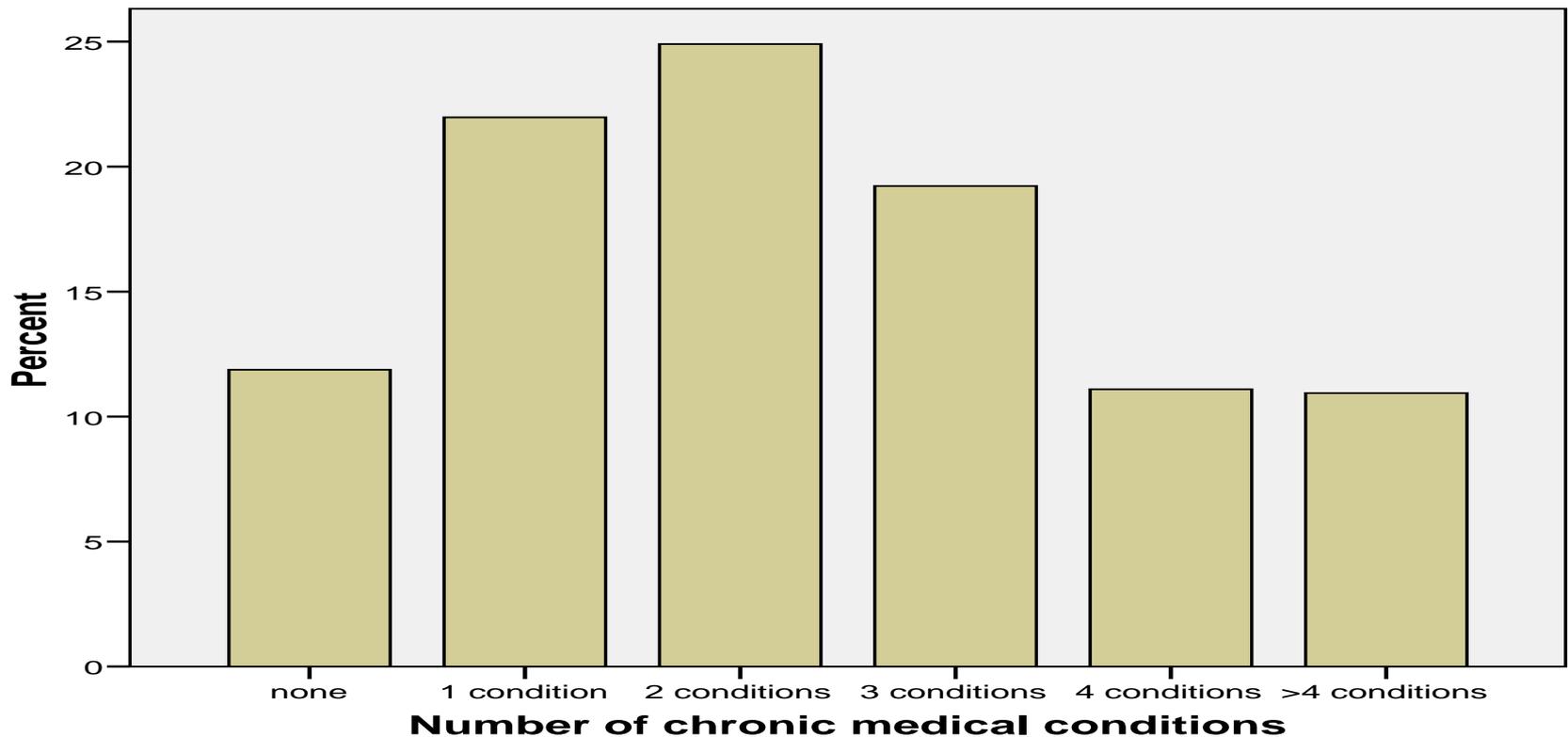
**Methods.** All patients >50 years of age were eligible for the study which took place in three primary care practices in the West of Ireland. Chronic medical conditions and associated health care utilization in primary and secondary care were identified through patient record review.

**Results.** In a sample of 3309 patients in the community, the prevalence of multimorbidity was 66.2% (95% CI: 64.5–67.8) in those >50 years of age. Health care utilization and cost was significantly increased among patients with multimorbidity ( $P < 0.001$ ). After multivariate adjustment for age, gender and free medical care eligibility, the addition of each chronic condition led to an associated increase in primary care consultations ( $P = 0.001$ ) (11.9 versus 3.7 for >4 conditions



# Total morbidity burden in primary care > 50 yrs

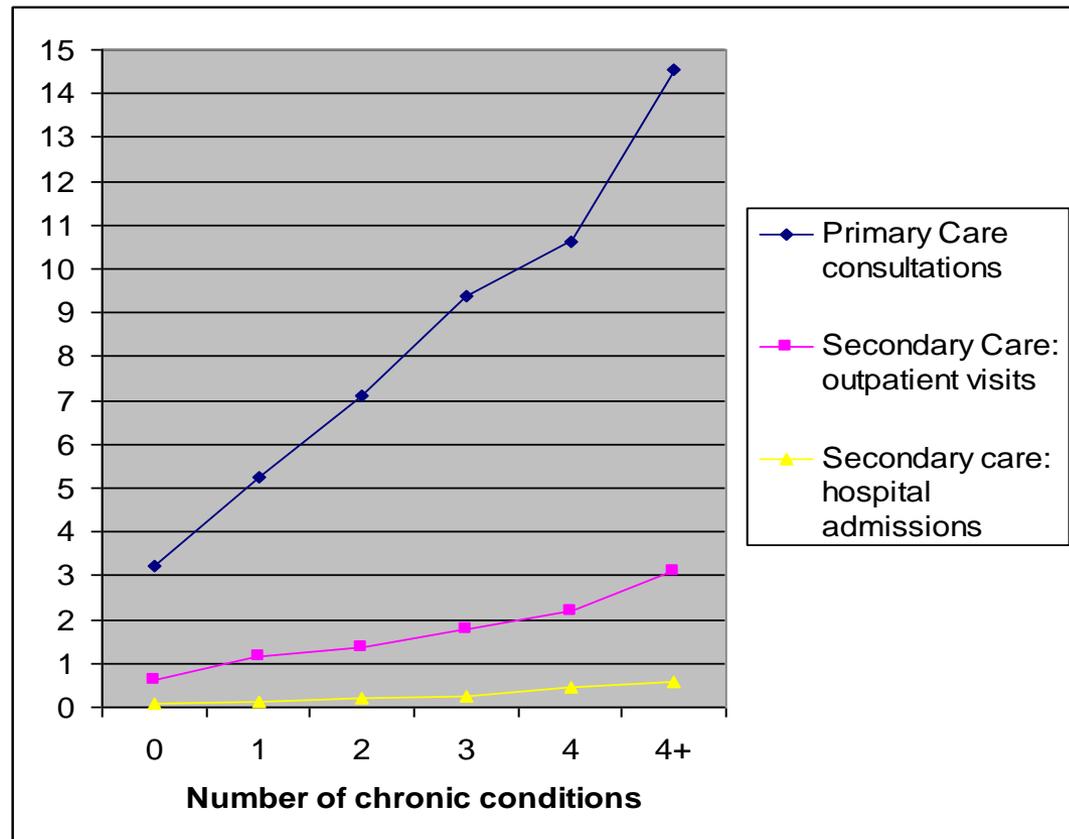
Prevalence of multimorbidity = **63%**





# Healthcare Utilisation

Mean number of primary care consultations, hospital outpatient visits and hospital admissions in previous 12 months according to number of chronic conditions





EUROPEAN JOURNAL OF  
GENERAL PRACTICE



# The European Journal of General Practice



ISSN: 1381-4788 (Print) 1751-1402 (Online) Journal homepage: <http://www.tandfonline.com/loi/igen20>

## Multimorbidity's research challenges and priorities from a clinical perspective: The case of 'Mr Curran'

Christiane Muth, Martin Beyer, Martin Fortin, Justine Rochon, Frank Oswa  
Jose M. Valderas, Sebastian Harder, Liam G. Glynn, Rafael Perera, Michael  
Freitag, Roman Kaspar, Jochen Gensichen & Marjan van den Akker



UNIVERSITY of LIMERICK  
O L L S C O I L L U I M N I G H

# Challenge #2

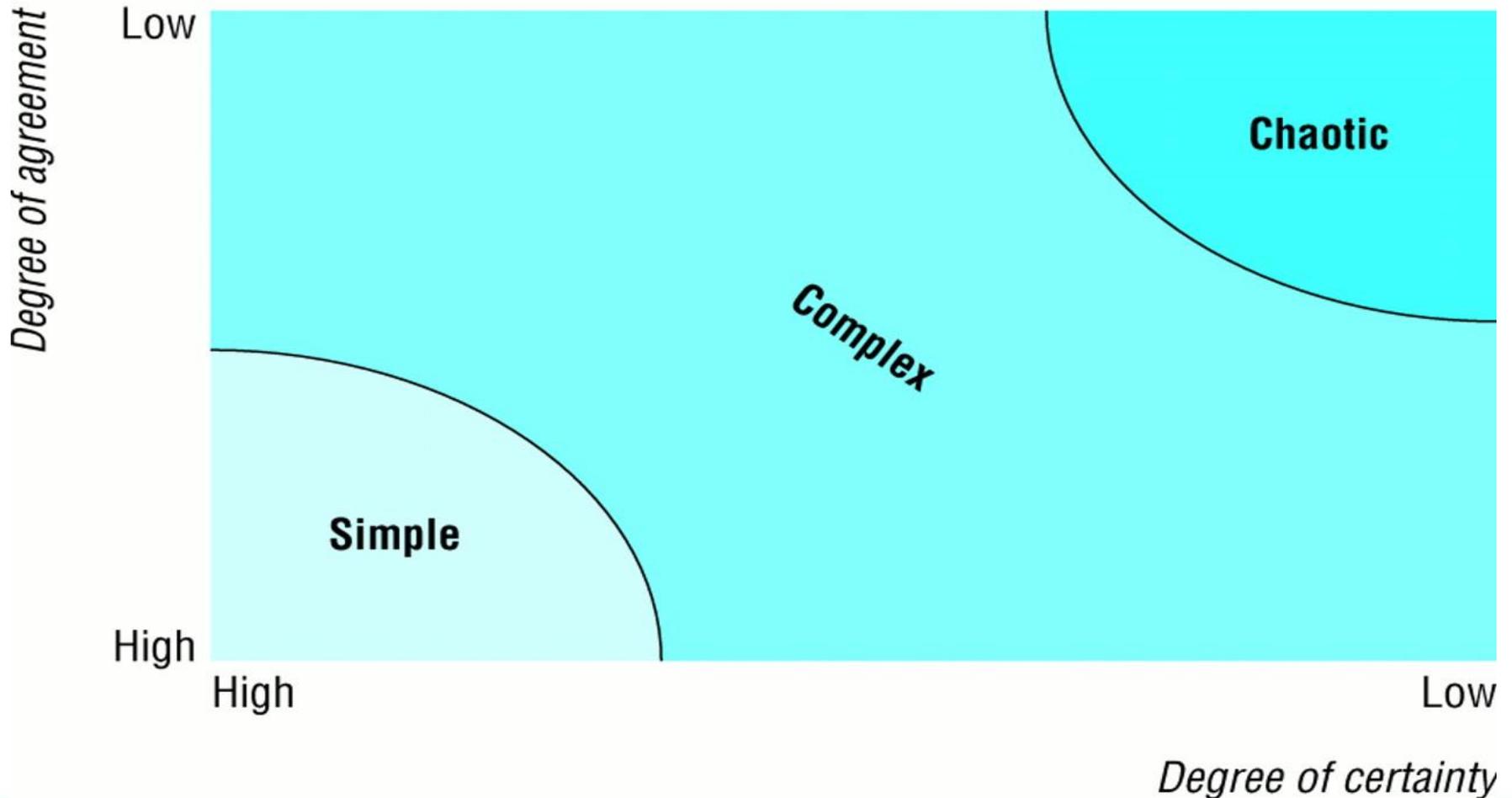
## “Complexity”

“A complex adaptive system is by definition made up of a collection of individual parts with freedom to act in ways that are not always totally predictable....”

**A person with multimorbidity > clinical guidelines > medical education**



# Complexity and...the edge of chaos





UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# How do we manage complexity and avoid chaos?

- Accept some uncertainty
- Adopt multiple approaches
- Progress according to what works best at an individual level

**.....sound familiar?**



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# The challenge of complexity

- Interventions
  - **Generalist care**
  - Pharmacy review
  - Role of PCT
  - OT home visit
  - Community Physio
  - Community diabetes education

**“Every human contact”**

**“Meaningful engagement”**





UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# “Every human contact”

- Be in the moment
- Give your “Full” attention
- Listen to what they are saying
- Hear what they are not saying
- Value the relationship



**Maya Angelou**

*“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”*

inspire 09



UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

“The value of every human contact”  
Clinical care in the community as a privilege,  
a challenge and an **opportunity**



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# The Opportunity

“In hospitals diseases stay and people come and go; in the community people stay and diseases come and go.”

- Continuity
- Human Contact
- Awareness of Context



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# The Roseto Mystery

Roseto, Pennsylvania, USA





UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# The Roseto Mystery

- 1950s America: Heart Disease epidemic
- Local GP (Dr Ian McDonald) noticed HD rare <65 years in comparison to neighbouring village (Bangor)
- Local academic (Dr Stewart Wolf)
- Came and measured everything...



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# The Roseto Mystery: Why?

- Diet (Old world)?
- Exercise?
- Smoking?
- Geographical?



Rosetans  
Fat, Booze and Cigarettes  
But Zero Heart Disease



UNIVERSITY of LIMERICK  
O L L S C O I L L U I M N I G H

# The Roseto Mystery: Why?

Dr John Bruhn, sociologist

Conclusion:

“These people were dying  
of old age.

That’s it.”





UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# The Roseto Mystery



The answer was in Roseto itself!

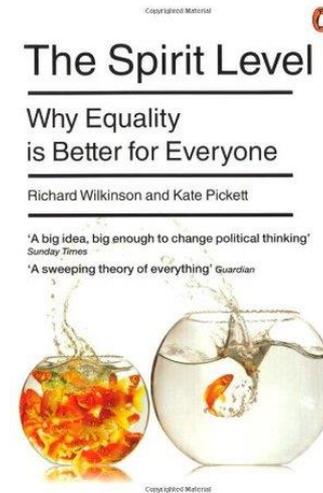
- Extended family clans underlying social structure
- Strong Intergenerational connections
- 22 civic organisations in a town of 2000 people
- Egalitarian ethos



UNIVERSITY of LIMERICK  
COLLEGIUM LUMINIC

# The Roseto Mystery

(John Bruhn, sociologist)



“Egalitarian ethos which discouraged the wealthy from flaunting their success and helped the unsuccessful obscure their failures”



# “The Roseto Mystery”

## The Roseto Effect: A 50-Year Comparison of Mortality Rates

“Rosetans had a lower mortality rate from myocardial infarction over the course of the first 30 years, but it rose to the level of Bangor's following a period of erosion of traditionally cohesive family and community relationships”

A B

O striking myoc. Roset America, an 1955 a appear “Arme present son ov the hypothesis that the find. this period were not due to ran. fluctuations in small communities.

*Methods.* We examined death certificates for Roseto and Bangor

that from 1955 to 1965 was found to have had a strikingly low mortality rate from myocardial infarction relative to Bangor, an immediately adjacent town, and three other nearby communities.<sup>1,2</sup> The usually accepted risk factors were at least as prev

communities.

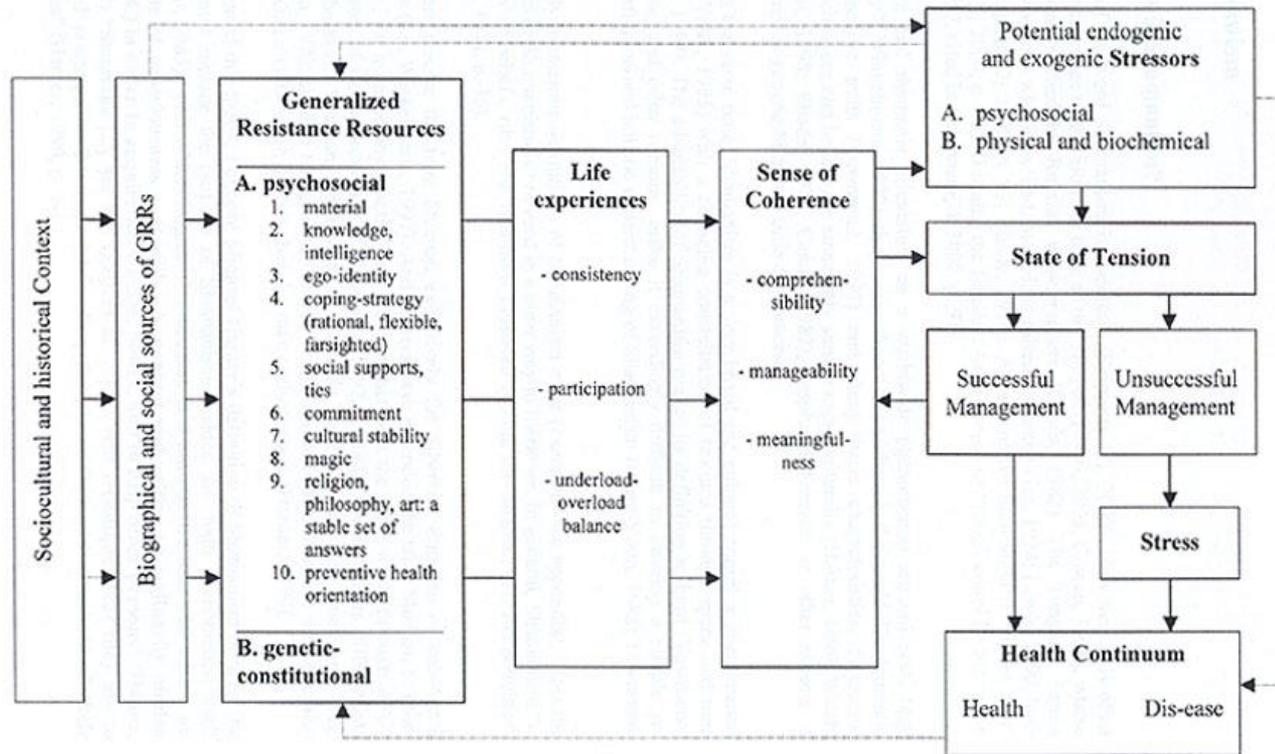
In 1963, after the initial period of study, the investigators made a prediction that the loosening of family ties and community cohesion would be accompanied

*MD, and Louise*

protective against heart conducive to longevity. How- rly 1960s there were indi- nding change in the com- ewith many Rosetans s of 25 and 35 and with the ated that they were pre- y abandon their old com- favor of the more typically vior of neighboring com-



# Antonovsky, 1979



*Resilience.... “the capacity of an individual or community to adapt and self-manage in the face of physical, mental and social challenges”*



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

# Lessons from Scotland

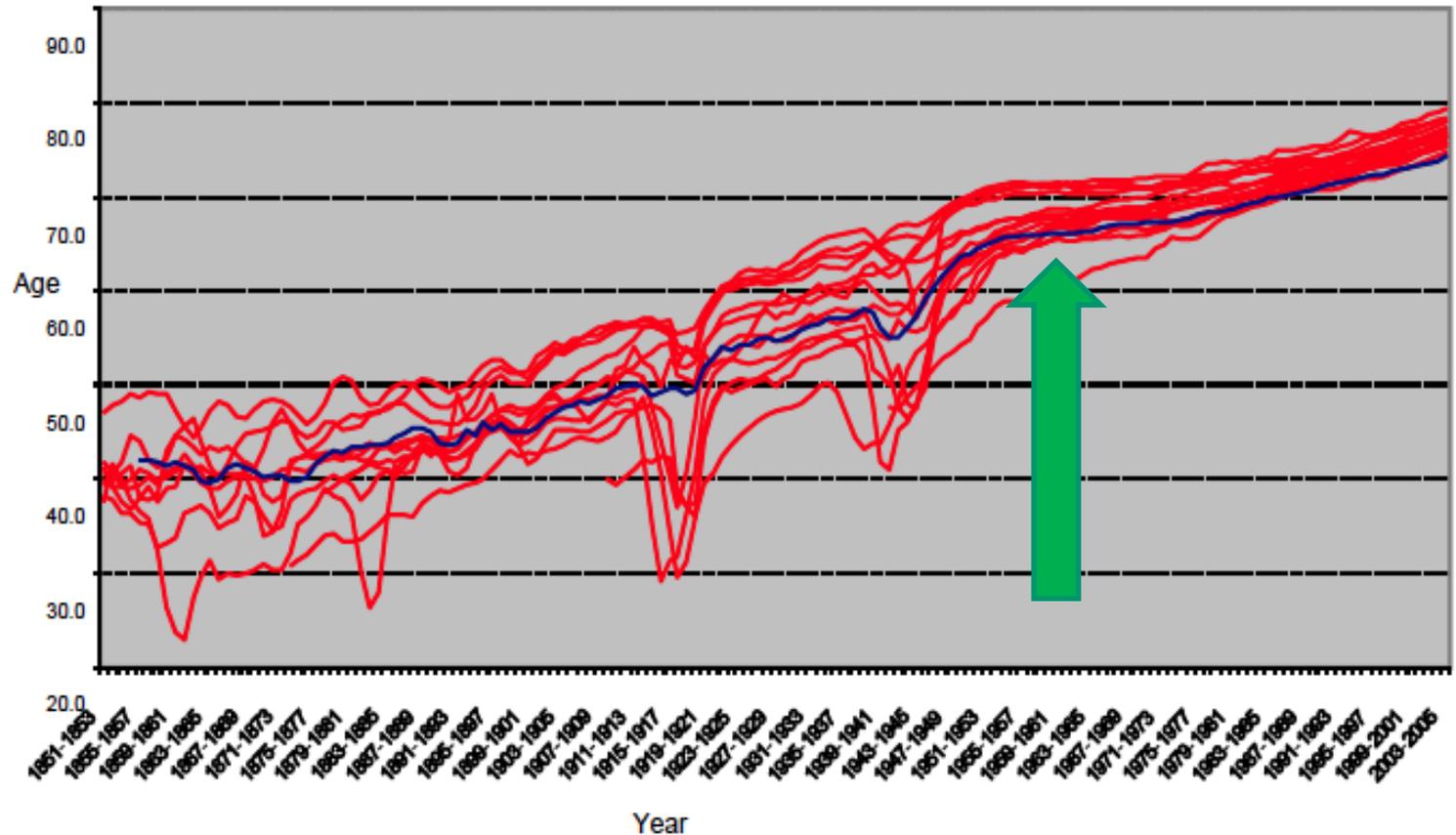




# Lessons from Scotland

UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

Male life expectancy:  
Scotland  
(shown in blue)  
& other  
Western  
European  
Countries,  
1851 - 2005



# Lessons from Scotland



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH





# Deficit based approach

- Focuses on problems, needs and deficiencies in a community
- Services designed to fill the gaps and fix the problems

BUT....

- Communities can feel disempowered
- People become passive recipients of services rather than active agents in their own lives



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# Assets Based Approach

- Health asset
- Makes visible and values the skills, knowledge, connections and potential in a community
- Promotes capacity, connectedness and social capital



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# Asset based approach to health

- Concerned with identifying protective factors
- Enhance quality and longevity of life
- Focus on resources promoting self-esteem and coping abilities of individuals and communities.





**UNIVERSITY of LIMERICK**  
OLLSCOIL LUIMNIGH

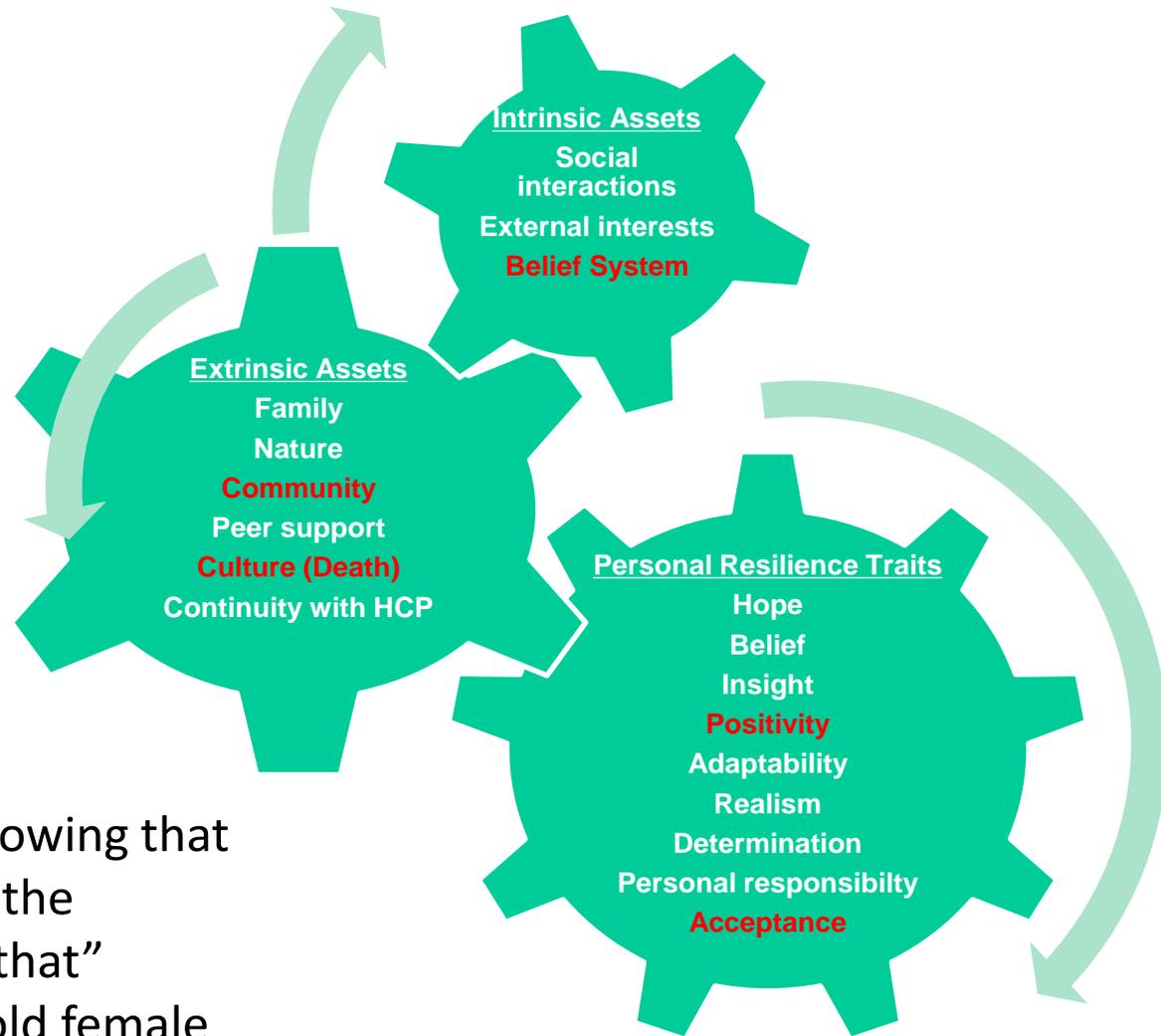


**An investigation of individual and community assets which engender resilience in patients facing terminal illness:  
Qualitative study from the West of Ireland**

**Dr Robert Scully, Prof Liam Glynn, Prof Scot Murray**



# “ The Resilience Engine”



“My Faith keeps me going....knowing that they will all be there for me to the end...there is great comfort in that”

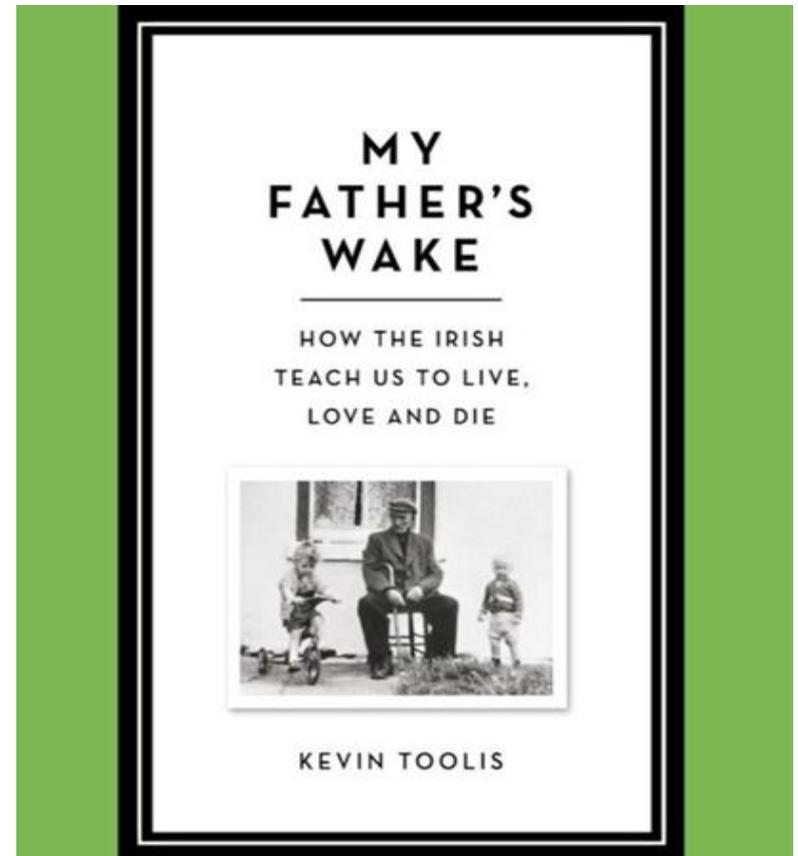
78 year old female



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# Cultural Asset: The Wake

- The wake has been used to mark the end of human life since ancient times
- The Illiad (8th century BC) ends with an account of Hector's wake in Troy





UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

**“The value of every human contact”**

Clinical care in the community as a privilege, a challenge and an opportunity



UNIVERSITY of LIMERICK  
OLLS COIL LUIMNIGH

## “A Handful of Assets”

1. Live in the now and be kind to yourself
2. Don't spend time on regret and don't give up
3. Cherish close friendships
4. Exercise
5. Value “every human contact” (**Compassion**)

“.....a compassion that stands in awe at the burdens the poor have to carry, rather than stands in judgment at the way they carry them.”

Sir Harry Burns, Chief Medical Officer for Scotland



# Reflection 1

“What might your own list of health assets look like?”

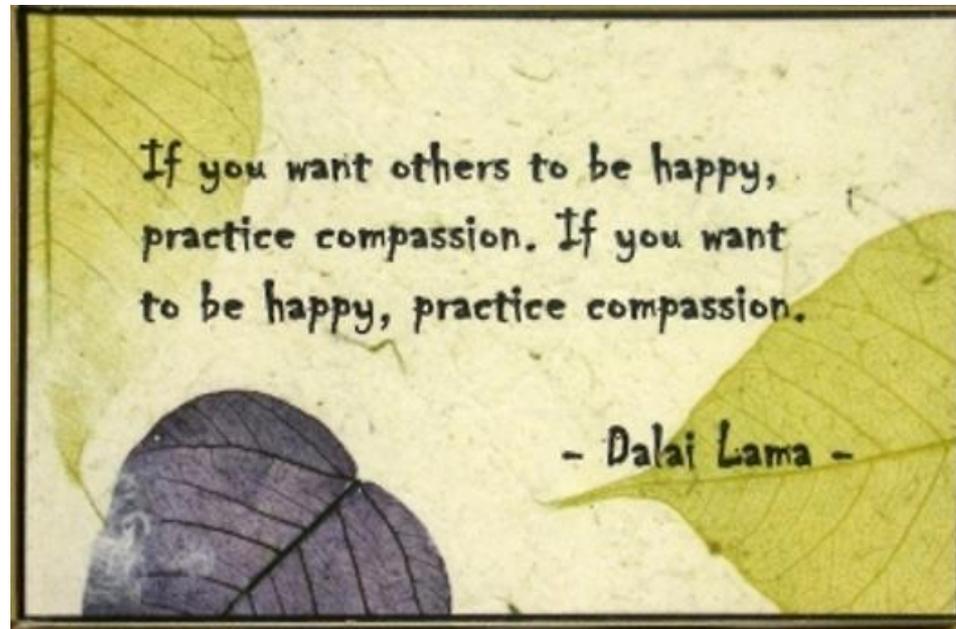




UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# Reflection 2

“Does the future of clinical care really lie in compassionate engagement?”





UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH



## Contact details:

Prof. Liam Glynn

GP, Ballyvaughan, Co Clare,

Professor of General Practice,

Deputy Head,

Graduate Entry Medical School,

University of Limerick

[liam.glynn@ul.ie](mailto:liam.glynn@ul.ie)

Skype [liamglynn](https://www.skype.com/en/contacts/voice/liamglynn)

Twitter [@LiamGGlynn](https://twitter.com/LiamGGlynn)

**“Happy 21<sup>st</sup> Birthday to the  
Discipline of General Practice NUI Galway”**

