The book *A Fortunate Man* by British art critic John Berger holds an important place in medical education and the medical humanities as a literary portrait of the work of Dr John Sassall (a pseudonym for John Eskell), a solo general practitioner (GP) in a rural English practice in the 1960s near the Welsh border. First published in 1967, and reissued in 2015, the book provides a portrait of the dedicated and often invisible service of general medical practice with its complex clinical and social relationships. British journalist Polly Morland’s 2022 *A Fortunate Woman*, a contemporary journalistic account of an unnamed female GP caring for patients in the same village as Dr Sassall, is a wonderful follow-up publication inspired by and modeled from Berger’s work. It is likely to be of interest to family doctors, their colleagues, and those in training for primary care settings, and is a rare opportunity to chart the arc of rural general practice in the UK over more than 50 years.

The books have structural similarities. Both authors were patients of the doctors they wrote about and both feature black-and-white photographs of the land, the doctors, and some patients, which place the physicians in the broader contexts they practice. Each starts with engaging stories and photographs of patients to illustrate the fascinating and unpredictable nature of a GP’s world within the communities they serve, offer perspectives from the doctors themselves, and provide reflections on their work and the worlds in which they dwell. Both books are well-informed but are personal works of writing and art rather than textbooks, offering no clever clinical questions or checklists—just extraordinary human insights.

The central feature of both is their focus on the meaning of the relationships that go beyond routine professional service and beyond individual diagnoses and illness episodes. Residents in training are typically encouraged to elicit patients’ “ideas, concerns, and expectations” and are taught the importance of empathy and compassion, but the more complex values and meanings of human interaction are often seen as private and not always for the professional domain. In portraying the lived experience of 2 GPs embedded in their communities, both books make much of the importance of knowing and being known. Indeed, it is this reciprocity that makes the GP protagonist of *A Fortunate Woman* describe herself as “a fortunate woman” and underpins much of her continued commitment and energy for her work in spite of its many challenges (including, in the telling, the onslaught of the COVID-19 pandemic).

Rural practice is central to both stories, making clear the pleasures of their beautiful settings but with the opportunities and challenges of a widely dispersed population to serve.
Both raise issues that need addressing so that rural populations get the workforce they need and deserve. But neither GP sees the rural setting as making their work substantially different from that of other physicians, and the questions they raise about the importance of their interactions with patients are not unique to that setting.

Reading the books together reveals obvious changes over time. The doctors’ sex is different, reflecting the welcome integration of women into the medical workforce, and it is notable that, whereas Berger’s book makes virtually no reference to the GP’s personal life, much comment is made in A Fortunate Woman about the GP’s family and their importance to her work and survival.

The GP herself in A Fortunate Woman highlights a number of things that have changed, in her view, for the better, in her lifetime, such as a broader skilled practice team, not working alone on 24/7 cycles, and having better patient records. But she is adamant that her experience of being in one place, with the population knowing her and she them, makes effective care both more likely and more satisfying.

Although some may see the GPs in these books as pursing an old-fashioned model of practice, what both books challenge us to reflect on can be distilled into 2 key areas: what do doctors lose when continuity with patients diminishes and what can be done to enhance that continuity in a realistic way? Neither book provides the answers, although A Fortunate Woman usefully explores some of the emerging evidence and raises the question of how systems can be designed to enhance and protect continuity. It also, using personal perspectives, challenges some gendered myths, looks at how the title GP enhances her own resilience, and is not overly romantic about the situation.

Building on the themes of continuity, the 2 books motivate reflection on policy issues such as (1) adapting the UK system of practice registration7 and empanelment elsewhere so patients can know and become known to a single set of clinicians who take responsibility for their care and so opportunistic health checks and screening can be built into routine encounters; (2) health care financing reform, because fee-for-service reimbursement leads to lower quality and more expensive care due to poor coordination8; (3) system “nudges” toward continuity (eg, scheduling and appointment systems that confirm a lead doctor for patients with severe ill health or frailty, recognize patient preferences, and ensure that a new episode of ill health is followed up with the same doctor) to reduce care fragmentation; (4) coordination with “less than full-time” clinicians and support for 3-way relationships, eg, between patients, trainees, and the primary physician with information sharing; and (5) patient education about the value of continuity and the desirability of identifying a lead doctor for their care, with possible exceptions for younger, fitter patients whose needs are typically occasional and acute and for urgent care in older adults with referral back to the lead primary physician.

A Fortunate Woman raises a much bigger dimension about meaningful relationships, shared lived experiences, and the journey we take together as human beings when physicians encounter the patient’s “personal history, a winding corridor of experience and emotions, the patient’s whole life.” In A Fortunate Man, Berger himself asks several times how the depth of interpersonal meaning can be measured or evaluated. Morland also points out that the research literature has not yet found it easy to measure the value of the patient-physician relationship and that its use as an indicator of quality of care in many health systems is still uncommon (eg, continuity of care is not in the current UK Quality Outcomes Framework for primary care).3

So although there is work to be done, this new book (A Fortunate Woman) with the old (A Fortunate Man) makes us fortunate people for having these 2 GPs as role models. They can inspire us to look again—with more hope—at why ongoing relationships with patients matter for clinicians as well as our communities. Readers of these works can take these thoughts onward and thank Berger, Morland, and their inspiring GP protagonists for the lesson that continuity is one of the core principles of general practice and that efforts to sustain it will have benefits for patients, staff, and the effectiveness of the entire health care system.

Then perhaps after the satisfying hard work of system reform we can, like the GP in A Fortunate Woman, cycle home for supper through the woods.

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Published Online: September 28, 2023. doi:10.1001/jama.2023.36846

Conflict of Interest Disclosures: Dr Howe reported being past president of RCGP and World Organization of Doctors.

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