In the UK, the vast majority of individuals that enter a GP surgery are the patients themselves.

However, during my Erasmus observation in Cakovec, a small town in Northern Croatia, I was surprised to see how many family members had come in on behalf of patients; children, grandchildren, aunts, uncles and the list continued. I wasn’t sure if it was confidentiality that was taken lightly or if the role of the family was more pronounced than I was used to in the UK. It was evident that family played a significant role in Croatian life, and it was more than just cultural; there was a legal responsibility of the child to look after their parents.

The Family Act of 2015 is as follows “Art. 64(4): obliges children to take care of their elderly and infirm parents.”

We visited an 83 year old lady on a home visit who had a stroke five years ago and was now house and bed-bound. As expected in Croatian culture, she lived with her daughter who was a successful lawyer in town and her grandson but gradually over the last year, the GP and nurses had noticed that she was more unkempt than previous. She had significantly more pressure sores, had been left in excrement for periods of time and it was unclear if she had been eating or drinking regularly. In response, the frequency of home visits had been increased to daily, and several conversations had taken place with the daughter about her mother’s health and needs, but it did not appear to improve the situation.

Understandably the GP was morally distressed by this situation, but legally did not have any obligation to escalate the matter. Should this lady die due to neglect, there would be no legal implications for the GP. This was the first case of neglect that the GP had come across in her 12-year career as a doctor and besides feeling unequipped to deal with the situation she lost countless nights of sleep over how to proceed next.

I was saddened to think in my shorter career of five years I had seen several cases of neglect during hospital jobs and in the community; and making a safe plan with my Croatian GP colleague was straightforward. I wondered if legal impositions are removed from the GP’s responsibility, would we still govern ourselves with the same standards? Would we be able to follow the moral path for our patients, and is this
safe, given moral codes vary dramatically between individuals within the same profession.

What would this mean legally for GPs and patients in the U.K should we adopt this law. We are now facing an epidemic of loneliness in the elderly, and as of 2018 we have appointed a Minister for Loneliness (Tracey Crouch), and new apps are being created such as the “goodgym” tackling both loneliness and fitness, where you jog to an older lonely person. There seems to be investment into confronting the consequences of loneliness but are we asking the right questions - why is this happening, where is their social support, where is their family? Or are we are expecting our welfare system for the answer.

The family model in the UK is considered to be a “nuclear family” – a reflection of a society where the more wealth and development you have, the greater privacy you choose to receive. But have we developed too much as a society that we have long forgotten the bonds and invisible support that neighbours, aunts and cousins give us.

Although compared to the NHS there were opportunities to improve pathways, facilities and infrastructure in the Croatian Health Care System, I have only admiration for how they care for their elders.