

Why won't millennials go to their GP? This doctor knows

Young people aren't going to the family surgery, says Dr Ronx Ikharia — they are pitching up at A&E. Things need to change, she tells [Damian Whitworth](#)

There is a moment in *The Unshockable Dr Ronx*, a new TV programme about young people and their medical problems, where one of the doctor's patients is suddenly, and very surprisingly, exposed. Josh, a 21-year-old customer services representative, explains that he has spots around his genitals that are worrying him. They have been worrying him for seven years, to the extent that he has closed himself off

from relationships. But in all that time he hasn't been to see a doctor about the problem.

Then, despite being reluctant to show his GP or a lover what is going on down below, he whips off his underpants and allows Dr Ronx and TV viewers a full-frontal inspection.

Of course, one can never underestimate what people will do to get on television, but from what we see of Josh (and there is not much we don't see), it seems that he is less influenced by television than the persuasiveness of the irrepressible



Dr Ronx Ikharia.

Ikharia is an A&E doctor in east London with what millennials might call a “side hustle” as a TV presenter. In this programme she is investigating why young adults are so reluctant to go to the doctor, and in particular their GP.

Almost half of young people look for information online before making a GP appointment and almost a third tried to treat themselves before going to the doctor. About 30 per cent of 18 to 34-year-olds rated their GP experience as “very good”, compared with 64 per cent of over-75s holding that view. More 18 to 34-year-olds find it harder to get an appointment than other age groups and said that the time they were offered was not convenient,

according to a Citizens Advice report. Ikharia met young people in gyms and coffee shops to question them about how they look after themselves. One young man she met was training hard for boxing and wearing £300 trainers, but had untreated verrucas and a bad case of athlete's foot. “You know exactly what to eat and when to eat, but your foot looks like that?” Ikharia says incredulously as she recounts the meeting. It is exactly the sort of non-serious condition that gets neglected until the patient takes it to A&E. “People leave stuff late,” she says.

At the hospital where she works, time that should be spent treating emergencies is often taken up with patients who expect to find out that they have something seriously wrong with them. “But a lot of the time it's, ‘I'm really sorry, but your vitamin D levels are low. That's why your whole body aches.’ Or, ‘Your iron's low and you need to improve your diet and that's why you're really tired and have got mental fog.’ Traditionally, it feels like that would have been GP-managed.”

An investigation by *The Times* in December found that the national shortage of GPs has left some surgeries with one permanent doctor caring for as many as 11,000 patients. Young people's expectations and the

way they live makes that overstretched service particularly challenging. The increase in short-term and zero-hours contracts means they are reluctant to ask for time off work to go to the doctor. “People would rather prioritise income, which I absolutely understand,” Ikharia says.

“We definitely have a doctor deficit. The way medicine is now lagging behind how people's lifestyles are. People want their life to be what they need when they need it and they need it now. You've got Uber, you've

got Deliveroo. Everybody wants everything straight away. Having to ring your GP and say, ‘I don't feel well,’ and they say, ‘We've got an appointment 29th of the next month,’ people are saying, ‘You're bloody kidding me.’ And then they use A&E.”

Disorganisation is also a problem. “Life is chaotic. Life is hard. Stuff is coming at us from every single angle. I meet young people that are, like, ‘Do you know what? I've been doing sit-ups and crunches so that my bum looks tight and my belly looks tight.’ And I'm, like, ‘But you're smoking.’ People pick and choose what they're interested in, and no judgment, I really like being able to, in a fun way, interrogate that narrative.”

One young woman on the show says she feels as if her GP judges her. “And those are all just perceptions and it doesn't necessarily mean that the doctor was judgmental. A raised eyebrow, or a bit of a side-eye or maybe they're just looking at their notes while they're talking to you. That might be seen as not listening.”

This woman agrees to a vaginal examination that reveals she has bacterial vaginosis (BV). Sometimes young people don't go to doctors because they feel ashamed, Ikharia says. “And that makes me really sad because that shame doesn't come from doctors. That shame is a societal shame, isn't it? It's the shame of having genital warts. It's the shame of having BV. And we're trying to demystify, de-shame it all: ‘You've got BV. It feels horrible to you, but we can get it treated. It's all right. This is life.’”



A young black woman hasn't been to see her GP about her hair loss because she believes that her GP would not know about non-European hair. "And whether or not that's true, to her it's very true. Lots of people that I've spoken to definitely feel that a doctor might not understand."

Then there is the over-reliance on Dr Google, whose diagnoses, she says, only half-joking, "ultimately lead to cancer. Always. That spot on your face. It's cancer." Researching online has a place, but it should be on nhs.uk or patient.info, where the advice is good. She finds that people prefer Wikipedia or — and here she pulls a face — Mumsnet. "And then they're, like, 'Wow, there's a mum that said dadadadadada. And you're, like, 'Oh yeah?'" In-house family diagnoses should also be treated with caution. A young woman tells Ikharia that according to her mother she has ringworm. It is dermatitis.

Ikharia works as a locum to have the flexibility to combine medical work with TV. In a GP practice, does the use of locums to fill roles once taken by regular doctors deter patients because they don't have a familiar face to talk to? "It works both ways," Ikharia says. "I've had young people say to me they couldn't go and see their GP because that's their family GP and they're afraid. The GP is not going to break confidentiality, but there's maybe a shame associated with admitting that you've done something or something's happened to you."

The NHS couldn't accommodate the informality of the meetings she held in cafés and even on the street for this programme, she says. And she can't offer easy solutions. In A&E she tries to instil in patients with non-serious symptoms that they must use their GP in future, however long the wait. She suggests that there may be a useful role for busy people to use GP apps, where you can subscribe or pay as you go to access doctors through video calls. "I don't know the answers, but I definitely feel that young people need to start utilising resources that aren't just GPs and A&E."

Ikharia grew up in south London and left home at 16 or 17. She is vague about exactly how old she was. "I've kind of deleted this part of my life so I never think about it too much." Why did she leave? "Oh, I didn't get on with my parents," she says lightly. "So I made the executive decision, which I'm glad I made, but it wasn't easy."

She is still estranged from her parents.

She lived in a hostel while studying for A levels, and earned a place at King's College London medical school. "It was really hard. I think what makes me the kind of person that I am is that I've literally had to go through all of those hardships. And people don't realise that there are loads of young people going through this. Many young people are leaving home, living in hostels, making things work or things are not working at all."

She had always wanted to be a doctor since watching the TV series *ER* and after graduating in 2011 went to India as an expedition doctor, then worked in A&E. "There's something about A&E which is kind of like being a general practitioner, but also having hands-on skills, which means that you can save a life, you can sew things up, you can put things back in place. And you constantly don't know what's going to come through the door. I love that."

She was spotted by a TV producer while giving a talk and joined the children's programme *Operation Ouch!* She gets approached in Tesco by viewers who want to consult her on their medical complaints. "Fame is a bit scary. I recently went back into therapy to help me manage being visible and seen."

In her yellow check suit and huge Nike trainers she is hard to miss. Trainers are her "addiction" and she sometimes wears them on the day job. "You want your doctor to be able to stand up and run to you when your heart stops as opposed to wearing their favourite brogues, which you then put blood on."

Ikharia describes herself as "a queer, Nigerian, black, androgynous doctor



on telly” and for many young people in a big city that makes her easier to relate to, she thinks. “Our population is becoming increasingly multi-ethnic, diverse, blah, blah, blah, blah. And I guess people sometimes feel at ease with somebody who maybe visually reflects some of the life that they’ve lived. I’ve always approached medicine in a non-judgmental way.”

Those involved in this project, she says, bought into the idea that she would offer them a diagnosis and treatment options and liked contributing to something that would help others. “There’s an educational element. We weren’t shaming people. We were picking a cohort of people and saying, ‘Look, these are people that look like you. These are people that are living with things that you probably are living with. They want you to see this so that you can go away and go, ‘Oh, I think I can get that cream from Boots.’ I was so clear this is not taking the piss out of you. I like to think there was a trust.”

Josh for one was convinced. “It’s so important for people to see that everybody’s got genitals,” Ikharia says of his readiness for his close-up. She roars with laughter, then turns serious. It turned out his problem was as simple as poor shaving technique in a sensitive place. “It felt like he just didn’t prioritise it.”

She had looked incredulous when he told her that he hadn’t been to the doctor about his problem, but managed to do so in a sympathetic way. She gave him some aqueous cream and he left happy, an object lesson in the importance of calling the doctor. However long you have to wait for an appointment, it won’t be seven years.

***The Unshockable Dr Ronx* will be available to stream on BBC iPlayer from Feb 27**

You’ve got Uber, you’ve got Deliveroo. Medicine is lagging behind





GETTY IMAGES

Left: posed by models.
Right: Dr Ronx Ikharia

