

## Onward Rural Practice

*Dr John O'Brien*

The rural general practitioner (GP) of yore has been portrayed as a well educated wise gentleman, dressed in tweeds and wearing a bowtie. He reputedly feasted on the finest roast beef and relished his poached salmon. His night cap was a locally produced brew that arrived in a bag of potatoes at Christmas time. It was well known locally that he would not be available when the Mayfly rose and was not to be disturbed when the shooting season commenced in November. His consultation fees were determined by his success on the stock exchange. He was reputed for his diagnostic skills, occasionally from the foot of the bed and this diagnosis would be eventually added to the local folklore. He often appeared on house calls dressed in his riding gear and night calls in his dress suit, probably coming from the local hunt ball or hospital dinner dance. On a wet night a family member would greet him at the entrance gate with the largest umbrella available to protect himself and his bag of medicines from the inclement weather.

He was a father figure locally, forming an indispensable part of the rural village trio of the priest, the doctor and the school teacher. He counselled families, wrote references for the children going to college, the bank or priesthood. He advised many young people emigrating to the United States or Great Britain. He offered sound advice on the Grand National, Cheltenham or the Derby and even upcoming shares but alas how things have changed. Today we are expected to be in our surgeries at the appointed time. Our diagnosis must be accurate, our treatment must be in keeping with the best international standards, our investigations must be appropriate and our referrals prompt. This is a far cry from the days of yore but Irish General Practice has always embraced change and will continue to embrace change that will benefit all our patients.

On appointment to a practice thirty years ago a doctor would arrive in a local village or town, where suitable accommodation would be scarce. The local dispensary would be run down, leaking and cold. This was also a time when the public and private patient did not sit comfortably together. Many garages and bicycle sheds were converted into waiting rooms and surgeries. The family sitting room often became a waiting room with much inconvenience to other family members. The good wife became secretary, receptionist, counsellor and door person. The rotas were onerous or non-existent with the doctor being available twenty four hours a day for three hundred and sixty-five days a year. A night at the theatre or at the local restaurant or an evening at the races was only possible if cover was provided by a neighbouring practitioner. For many rural practitioners there was a great sense of isolation. To my mind one of the greatest developments for GPs in this country was the formation of the Irish College of General Practitioners in 1984. This college was a unifying force for GPs, setting the education and standards for general practice. The continuous medical education, clinical society meetings and other education meetings under the auspices



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of the Irish College of General Practitioners created new meeting places for doctors and especially for the rural GP. These meetings are run by GPs for GPs but they are also a forum where doctors can seek the opinion of colleagues regarding diagnostic, managerial and ethical problems within the practice. The next milestone was the introduction of indicative drug budgeting and the Celtic Tiger in the nineties. GPs could now afford to develop new surgeries and many new health centres mushroomed around the country. Ancillary staff became part of rural practice. Computers were introduced to the rural practices creating links with the local hospital and allowing access to online journals and medical websites. Telephone conferencing became a possibility and a whole new era of communication was heralded in.

While we continue to carry out the normal routine of general practice every day, we also over the years have developed special clinics such as ante-natal, vaccinations, cervical screening, diabetic, heart watch, well man, well woman and minor surgery. Of course suturing is often performed in rural practice especially after a local hurling challenge. As many practices are quite a distance from the hospital we in the rural areas carry emergency equipment such as defibrillators, oxygen, intravenous infusions and intubating equipment. Some practitioners who are further away from hospital based services carry out thrombolysis in acute myocardial infarction.

Over the past ten years many towns and villages in rural Ireland have experienced a growth in population. This is due either to industrial development, influx of foreign nationals or where they have now become dormitory towns. Many places that were single handed practices will have to expand further to take extra doctors and extra personnel. The future doctor may well like his colleague of yore wear a bowtie if we are to follow the British direction however the rural practitioner may not be a gentleman but a lady because of the increased numbers of women entering the medical profession. The arrival of the primary care teams

will also involve GPs working together within a geographical area. These teams will include the local public health nurses, the community welfare officer, social worker and for the first time we will have the facilities of physiotherapists, occupational therapists, wound nurse, varicose vein nurse and speech therapists. In the future these primary care teams will be expanded to carry out ultrasound and perhaps x-ray examination and endoscopy. Today many of us receive our blood and x-ray reports online and in the future will see further integration of information technology into our practices.

As society changes new challenges will appear for the rural GP. Because of the increase in the population and especially an increase in the ageing population the workload for the general practitioner will increase. Also adding to this workload will be the increased incidences of diabetes mellitus, heart disease, obesity and hypertension. Addiction, once a problem of urban areas, is now extending to rural areas and practitioners will have to be educated on this problem. Continuous education has become increasingly important. The number of students in the medical colleges is on the increase and the colleges will be looking to GPs for increased numbers of training places in the future. Even part of the intern year may well take place within general practice. It will be imperative for the GP to keep abreast of all medical developments, to update his skills regularly and be a good teacher. Irish general practice has served its people well and the results of surveys have also been reassuring. This is part of the health service that

works well and I wish that the people in charge would recognise that. We are independent contractors and we cherish that independence. To you students reading this article and especially to you who decide to enter general practice I would strongly urge you to hold on to that independence and never surrender it to any development group, department or executive.

It is a well recognised fact that in the presence of a well structured and organised primary care network, hospital services are used more appropriately, screening services are more efficient and in the long term this is beneficial to the economy. Irish general practice has changed dramatically in the past twenty-five years, especially in the rural areas with the introduction of co-operatives, purpose-built surgeries and ancillary staff. These developments have been of great benefit to doctors and patients alike. If we aim to maintain and improve standards and continue the momentum more support will be needed especially in the area of preventive medicine, education, teaching and research. I hope that rural practice will continue to be an intimate and caring form of medicine. As we look back we can be rightly proud of the service given by our predecessors. This noble profession can march forward with great hope, continue to embrace new changes and development, and hopefully will serve the local community well – so onward rural practice.