Connecting with our patients’ world

By Kath Rollo, DiTC member

“A physician is obligated to consider more than the diseased organ, more even than the whole man – he must view the man in his world.”

Harvey Cushing (Neurosurgeon)

Understanding the “world” of our patients underpins the doctor-patient relationship, which is central to providing continuity of quality healthcare. We all know this, but how many of us truly get to do it? As a rural GPS registrar, I get to connect with my patients “in their world” every day and I’m very lucky to do so.

To be able to appreciate how my patients see themselves, who they are in the context of their whānau and wider community and recognise their health beliefs is a privilege and a challenge. There is no “typical day” when you work in rural communities that are hours from secondary and tertiary care: you can easily go from seeing a sore throat one minute to calling in a helicopter while you stabilise a patient in the middle of their farm the next.

That “15-minute appointment” (the bane of any GP’s existence) can quickly become null and void—but you soon learn the only person bothered by that is yourself (or someone who is not a local). More than once we have had to inform a full waiting room that we have been called away only to be met by “text us when you get back” or “that’s ok doc, we’ll wait” or “no worries, I’ll come back another day”.

We lost a 4-month-old in the community before Christmas last year. The nurse and I arrived on scene to find the volunteer firemen already doing CPR and a distraught whānau looking on. The child had been unresponsive for at least 40 minutes before we arrived, and it was obvious there was little we could do.
In a hospital the decision to make a call then and there would have been easy but not so in the face of what greeted us that day. It was important for the whānau and their relationship with us that they saw us try, just as it was that a debrief with the volunteers and the ambulance staff who arrived later took place immediately afterwards. It was equally important that we met and were present with the whānau as they had a karakia led by our General Manager (who was also whānau). By the time we returned to clinic the bush telegraph had beaten us and I was met with the instruction to “sit and have a cuppa, doc”.

Unfortunately, the “Up the North” (ie, beyond Kaitaia) community had to contend with several deaths over the Christmas/New Year period. Not only locally but also whānau who had passed away elsewhere in New Zealand or overseas. For the Ahi Kaa or home people this had the added strain of providing physically, emotionally and spiritually for those returning.

As the local GPS I get to see how seriously that responsibility is taken. There is pride in being able to care for others, joy in sad times at being able to reconnect but there is also the financial pressure of taking days off work, and the physical strain of just being present (especially for the elderly). Knowing how everyone is interconnected is crucial. A conversation about missed medication or an elevated LDL result takes on a completely different tone when you know someone has lost a brother to cancer, a child to drowning or dealing with flashbacks from a fatal car accident they attended as a volunteer.

As a GPS, I am often asked “how far away are you?” by the friendly (or not so friendly) registrar at the end of the phone and it often brings a smile to my face the surprise I hear when I explain I am 2 or 4 hours away (depending on where I am referring to). I sometimes wonder whether the “round trip” has been calculated by my colleague at the end of the line.

Four hours means an 8-hour trip for whānau and I do not send them down lightly. Not because of any inconvenience it may pose on an already heavily burdened health system but because of the greater burden my referral means to my patient and their family. An 8-hour round trip may mean finding someone who has a vehicle and is available to take them to either Kaitaia (where you can board a free bus but also means that someone picking you up later that evening) or Whangarei. Hell, hath no fury like the GP who asks a patient “how did your appointment go” only to hear they got to the hospital to find it had been cancelled. Wish me luck getting that whānau back for another appointment and please don’t send me a “your patient did not attend” letter without first checking whether their previous clinic appointment had been cancelled. Thank goodness there are specialists who make the trip from Whangarei to Kaitaia or use video-conferencing for follow-up consults.
According to Aristotle, human beings are “social animals” and therefore naturally seek the companionship of others as part of their wellbeing. No doubt there is a place for IT in its many forms within medicine, but it is not a panacea. I heard someone say that there has been a paradigm shift from the “Kanohi ki te Kanohi” (face to face) consult that many people value to one where we engage online. That may be true for some of our population, but it does not apply to everyone.

Our health is personal, and people seek personal relationships—not with an app or a screen but with another person whom they can confide in, share with, trust and sometimes just touch. This is not a revelation, but it is something we can all forget at times, yet it is the very thing we should never forget. Hippocrates (remember him?) is quoted as saying “Wherever the art of medicine is loved, there is also the love of humanity” but my favourite saying comes from my own culture, that is, “He aha te mea nui o te ao? He tangata, he tangata, he tangata”. What is the most important thing in the world? It is people, it is people, it IS people.

So, what is a GPS registrar?

Well, not a Global Positioning System registrar although I do feel like that at times. A GPS registrar is someone who can engage with her (or his) patients in their own context and can use that unique doctor-patient relationship to help improve the health of their patient and their extended whanau. A GPS registrar is someone who looks forward to the many challenges their day will throw at them, “you never know what or who is going to walk through the door”, who has the unenviable task of being both the gate-keeper and the meat in the patient/hospital sandwich and is someone who learns to multi-task very quickly.

Is it an easy job?
Hell no! Harder than you anyone appreciates. Don’t believe what they tell you at Medical School or in hospital.

Would I recommend being a rural GPS?
Without hesitation.

Is there something I look forward to?
Yep. I can’t wait to be a fully fledged General Practice Specialist.

Oh, and the many patient gifts of kai moana and home baking—but that’s for another article on another day!