



House calls seem to have almost disappeared from general practice. In some ways this is a shame because a lot can be learned by visiting a patient in their own environment. House calls also provide a change for the GP from the routine of office consultations. But, with improved transportation, changes in patient expectations and, most importantly, the lack of any financial incentive to visit people in their homes, the decline has been inevitable.

My longest house call lasted 24 hours and cost the patient nothing but a little hospitality. I was working on contract in a remote area of New Zealand when I received a call from a farmer's wife worried about the health of a farmhand. She thought that the woman had pneumonia and was scared that she might die. The farm was an hour's drive on a backcountry metal road on a good day. However, it had been raining heavily for several days and the fog and rain ruled out any helicopter access. A slip had come down across the access road and the farm was isolated. The farmer's wife told me that if I drove to a particular bend in the river she would send another farmhand out over the slip to escort me to the farmhouse. What to do?

I drove off, got to the bend in the river, took my large black medical bag out of the car and walked to the edge of a huge slip stretching for at least

100 metres. Sure enough, a bloke was walking across the slip to meet me. We gingerly made our way back across the slip with the dirt and debris continuing to move underfoot and got to a tractor and then made it safely to the house. The patient had a chest infection but was not desperately ill. I attended to her needs and gave her enough antibiotics to see her through. By this time it was raining even more heavily and the light was beginning to fade. I was invited to stay overnight and I saw that there was little else that I could do to get out.

The next morning it was still raining. The consensus was that it was too risky to walk back across the slip but I needed to get out. Desperate situations call for desperate measures. A horse was saddled, my instructions were to get on to the horse and let it take me back to the bend in the river where my car was and then to take the saddle off and put it in a tree and let the horse go! I had ridden horses before but that is a bit like saying that I was a pilot when I had only ever been in a passenger seat. Nonetheless I hoisted myself into the saddle, black bag held high and headed off into the unknown. The horse walked for a while along the riverbank and then headed for the water. It had chosen a wider part of the river where the current was not quite as strong but before too long I realised that the horse was swimming

This is a column written from the swamp. The term is taken from the book by Donald Schon¹ where he talks about the crisis of confidence in professional knowledge thus:

In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.

with me still perched in the saddle. We made it to the other side and continued on down the valley. We crossed the river again further downstream, my confidence in this horse growing by the minute. Sure enough, around the corner was my car. There was a big Kanuka tree nearby with a fork that was just right for the saddle. I said farewell to my friend and drove home from my longest ever house call.