

Editorial

Tony Townsend has been a general practitioner for 30 years. Although he has dabbled in medical politics, medical ethics, community-based teaching, university-based teaching, quality improvement and assessment, his passion remains clinical general practice. He is currently a full-time general practitioner in Whangamata.



New Zealanders have a reputation for being able to come up with practical solutions for the problems that come their way. As Dr English-Lueck stated in a presentation to the American Anthropological Association in Chicago in 2003, *'a rhetoric of frontier inventiveness is imbedded in the New Zealander idea that anything can be fixed with #8 fencing wire.'*

A few years ago we had a pop-up toaster that had broken and the appliance company had told us that it wasn't worth fixing. I was fed up with having to throw away appliances when they broke so I pulled it apart and mended it with a piece of coat hanger wire. The toaster continued to function well for several years. A few years later, shortly before I was returning from overseas, I sold a cooker to a Swedish radiologist. I was trying to arrange a delivery time but he couldn't get an electrician to wire it in. So I turned up on his doorstep with the cooker in the back of my Nissan and wired it in for him. *'I didn't know that you were an electrician as well as a doctor,'* he said. I replied that most New Zealanders were multi-skilled.

However, my practical solutions to minor problems are simply part of a strong cultural tradition. The pioneer background of our ancestors required that they were adaptable in order to survive in isolated environments. For a country with such a small population we have come up

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with some remarkable practical solutions. Richard Pearse accomplished the first powered flight in 1902. Many of you will recall parents or grandparents stopping on the side of the road to boil their thermette, invented by John Hart in 1929. This was a practical solution to the lack of roadside cafés on long, slow journeys. Bill Hamilton invented the jet boat in 1954 so that shallow rivers could be safely navigated. The farming industry was transformed by Bill Gallagher's invention of the electric fence, creating a psychological barrier to contain farm animals. More closely related to our profession was Colin Murdoch's invention of the disposable syringe in 1956 and he followed this shortly afterwards with the invention of the tranquillizer dart gun. Even AJ Hackett's practical solution to jumping safely from ex-

treme heights without significant risk of injury was a New Zealander's adaptation of land-diving on Pentecost Island.

In general practice New Zealand GPs have been quick to incorporate practice management systems into their practices² and now almost all practices are assisted by relatively sophisticated computer software programmes. This has helped us to manage our practice populations in ways that we could not have imagined in the 1970s.

For this issue of the *NZFP* we did a bit of a whip around to collect some

practical solutions that some GPs have found useful. I am sure that there are many more examples of these and welcome readers to send their own solutions in to tonytownsend@xtra.co.nz and we will publish these in the belief that an individual's knowledge and experiences can advance the discipline of general practice.

- Confused about rashes? Bruce Arroll writes that they have a CME activity (especially when they have students or a registrar) of inviting all colleagues in to see skin rashes. That way it exposes the learners and colleagues who lack confidence to a high rate of skin rashes with commentary. *'95% of the time we think we know what it is. The other 5% we have no clue about. It also makes it a lot of fun to talk with each other so it has a social and educational aspect.'*
- Boggled down with paperwork? In our practice Michael Miller has developed an excellent desk top programme that links to resources that are useful to all members of the practice. The links include practice management and patient information items that are stored on our server, such as job descriptions, confidentiality and privacy protocols or advice regarding minor operations or head injury care and links to Internet resources that might be useful to both staff and patients such as the NZ Guidelines Group or the CDC travel medicine site. We just drop our PMS down and click on the link that we require. Hugely time-saving.

- Difficulty motivating patients to make lifestyle changes? Jocelyn Tracey has a solution that helps patients plan these changes. She says that it is interesting to reflect that her patients with chronic health problems are unlikely to spend more than two hours with her of the 8760 hours they live with their health problems each year. So it becomes very important for her to spend the time that she does have with them, helping them to make plans for how better to manage their health. She writes:

'After a general discussion of the various lifestyle issues that are affecting their health, I use a simple method for helping patients set goals:

Q1: What area would you like to choose where you could make some changes? Exercise, the food you eat or...?

Q2: What would you like to aim for? A weight loss of Xkg or X minutes of exercise per week?

Q3: What activities/actions can you do that will help you work towards this goal? What will work for you?

Q4: What little rewards can be put in place on the way?

This can be written down in their Care Plan if they have one, or into the computer PMS and printed out. I find it important to remember to ask how they are going next time I see them – but if I forget they are often eager to report progress!'

- Having difficulty getting carpal tunnel decompressions done in the public system? Injecting these with triamcinolone is easy, reasonably safe, and at least temporarily and sometimes permanently successful. Draw up 20mg (half a ml of 40mg/ml) of triamcinolone and then switch to a short 25 G needle. Insert the needle approximately 5mm on the ulnar

side of palmaris longus at about the distal palmar crease. It will 'pop' as it passes through the transverse carpal ligament just below the skin. Inject the triamcinolone (no local anaesthetic required).*

- Uncertain about whether or not decreased visual acuity is due to a refractive error? Use a pinhole. Simple, effective, often reassuring but not always done.
- Can't visualise the cervix in a woman who has a prolapse? Roll a condom over the speculum and then cut the end off the condom. This might require a sensitive explanation to avoid confusion.
- Painless wart removal. I used to use salicylic acid with occlusion and found that this worked quite well but I have discovered that you can do without the salicylic acid and simply use duct tape. In a randomised controlled trial³ Focht and colleagues found that occlusion with duct tape was significantly more effective than cryotherapy (85% v 60% complete resolution within two months).

I am sure that there are many other innovative solutions that GPs have found useful in both practice and clinical management. Please share them with us.

We are very pleased to be able to publish three papers from the Auckland Conference in this issue. Chris van Weel provides us with some practical suggestions for incorporating research into general practice. Jane Gunn helps us with the management of depression and Janine Bycroft and Jocelyn Tracey have some suggestions for assisting patients in self-management. Our CME papers, as usual, also provide practical suggestions for patient management.

We hope that there is something in this issue for everyone.

* A recent paper describes a technique involving injection through the flexor carpi radialis tendon that is said to be even safer (Dubert T, Racasan O. Joint Bone Spine. 2006 Jan; 73(1):77-9.)

References

1. English-Lueck JA. Number eight fencing wire: New Zealand, Cultural innovation and the Global Silicon Network. <http://www2.sjsu.edu/depts/anthropology/svc/SVCP8wir.html> Accessed 9 July 2006.
2. Didham R, Martin I, Wood R, Harrison K. Information technology systems in general practice medicine in New Zealand. N Z Med J 2004; 117(1198):U977.
3. Focht DR 3rd, Spicer C, Fairchok MP. The efficacy of duct tape vs cryotherapy in the treatment of verruca vulgaris (the common wart). Arch Pediatr Adolesc Med October 2002;156:971-4.