

An excerpt from an interview with Dr Eric Elder by Niall Holland in September 1995

Dr Eric Elder was born in Aberdeen and graduated from the Otago Medical School in 1937.

He went on to complete 49 years as a general practitioner in Tuatapere.

Niall: *Now if you look back through your lifetime, what's it been like being in a community where you could never be anything but the doctor of the community because you're so well known in that role?*

Eric: Oh I don't think that's it at all. That was a thing that impressed me when I first came here you see. They said to me what can you do? And I said, 'I'm a doctor.' And they said, 'Oh, well that of course, but what else can you do?' Because you're expected to do more in the community than just exercise your specialist function, and it depends a great deal how wise your usefulness is, how much use you are to the community, and I think that applies perhaps more in the country than in the town, though it applies in the town also. But in the country it applies very strongly. All the people coming in to settle in a community from outside have a function in providing fresh outlooks and fresh capabilities and so on and I include school teachers and post office staff and so on. One of the great losses of the present tendency to withdraw functions, to withdraw agencies from the community, from rural communities; one of those is that all those people created fringe benefits. School teachers are the most noticeable ones here now, but there used to be a great many more; and their absence now is a considerable loss. So that the doctor who can do nothing but doctor is not much good. That's one of the drawbacks really to the group practice in the community. The group practice is inclined to focus the energies of the medical participants in it – inclined to focus them on the practice

and within the practice. Whereas the small practitioner has much more assimilation into the community and into the social life, and so on, of the community.

Niall: *Much of your working life you were here as a sole practitioner. You would have had no relief from the role of being a medical practitioner.*

Eric: I never had much trouble about that until the start of the takeover. They've produced this very peculiar doctrine; that a doctor is supposed to be on duty 24 hours a day. Effectively, I was always available 24 hours a day, because of the obstetric practice which was quite a large one, in the days when people had quite large families – and I always had to be on call for that. But as far as other attendance is concerned, no-one expected you to sit around all the time to be available for any call, as long as you were doing something useful like playing cricket, or playing golf, or something of that sort, they would accept the fact that you had to be at Winton or Nightcaps or something of that sort. But if you sat around here doing nothing, then naturally they expected you to arise to any occasion that arose. But I used to go to Winton, or Invercargill, or any place like that, without a second thought or without any thought about explaining it to anyone. I never really had any trouble about that until the practitioners who didn't have the problem of getting substitutes began to take a pride in producing a 24 hour service. At other times there was really never any difficulty about it. There never was any difficulty in the rural communities, funnily enough. It was in the towns that people com-

plained that they could never get a doctor when they wanted them, because there were doctors all over the place who were doing nothing and would never come and do anything unless their arm was twisted very forcibly. But in the country the attendance was accepted as being completely satisfactory, partly because, of course, the people who are in the small rural community are only a small proportion of the inhabitants of the area, and they used to be some distance from the doctor, in any case, and not able to summon him at any time. But, the idea of being on call all the time was one which I thought rather weird.

It was eventually produced for my consideration that there was someone coming from Wellington or Auckland or somewhere who expected me to be around all the time. I told them I might consider doing it if he offered me an inducement sufficient to make me consider it. But he didn't have any idea of doing that at all. He expected me to do it for nothing. So I wasn't interested on that basis. I thought that would be crazy.

But as I say, it was a completely satisfactory arrangement, and I didn't have any trouble until there were more doctors available in the area and it seemed that we were expected to provide a different cover at weekends; but it was never such a satisfactory situation. And being on call alternate nights was much an inferior situation to the one which we had before, where you were reasonably obtainable, always in touch, and things worked out on the basis that developed from that.