

# Vocation, Vocation, Vocation

## Rural general practice – a pathway to eldership

*An apologia pro vita sua, Ivan Howie, Great Barrier Island, July 2002*

*Ivan Howie is a general practitioner on Great Barrier Island, and has been awarded the Mathias prize for this essay on rural general practice. The judges comment that the essay is 'exciting and original, engagingly hypomanic yet scholarly and apt'.*

Have I become a romantic anachronism? I have been 'The Doctor' for Great Barrier Island for over twenty years and would like to share with you some of the convictions I have acquired on Alcatraz, being a sort of Heath Robinson Crusoe Van Winkle during this exhilarating exile experience.

This deviant and maverick bungy jump from 'civilisation' all began with leaving Auckland after Dip Obst at National Womens and pursuing theological studies towards a divinity degree. I then became a pastor in Petone and a GP at the same time in that urban district. A stint with World Vision in Thailand with Cambodian refugees in 1980 spoiled me forever for city practice.

I washed up on Barrier and roared about there on a motorcycle. I held clinics in various halls and behind various bushes, then set up in a caravan and had the privilege of serving as doctor, dentist, and even undertaker and vet for a time. Leonie joined me from Auckland. She is a nurse and midwife, originally from a rural area, and had been earning, as a practice nurse, more than I did.

The government refused to make it a Special Area which was disappointing. The Barrier is, however, full of people who are very kind to us and our family. Women folk bring marmalade and scones and farmers have fixed my car or pulled it out of the ditch with their tractors. They are

generous with their produce. What is a cabbage or smoked snapper worth when you are hungry?

Conservation is a constant theme and we all wish to be healthy specimens of homo sapiens, a threatened species, along with the chevron skink and the brown teal duck.

We two, at the time of the 'reforms', formed a company with the former Public Health Nurse Adele, who from the beginning worked co-operatively with the 'private practitioner' in spite of Health Department admonitions to the contrary. Over the years we have contracted with the various health funding authorities, and pay ourselves salaries. Many tasks we had done for nothing because it was there to be done. Fee for service did not fit anybody's employment categories or tenths, and I can remember once spending seven hours getting a patient with acute

mental illness to hospital – all for no income. ACC would pay \$26 to us for being up all night monitoring a patient with a head injury. Fundraising by the island people enabled our Health Trust to open a health centre near the airstrip in 1990. So I graduated from barefoot to gumboot doctor.

### Barrier methods

*'This precious stone set in a silver sea...against the envy of less happier lands'*<sup>1</sup>

Mt Hobson, our highest point, challenges the Auckland Skytower on the horizon. Islands have often been tempted to unilateral declaration of independence from the mainland. Perhaps we are Taiwan, a renegade province, and I am a Taipei personality.

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collection of rugged individuals, both male and female, who have made a lifestyle choice. They and their families bring with them, in many cases, developed talents and academic qualifications in various fields. They belong. They need each other. They value the environment and are eager not to repeat the destructive plundering and pollution of kauri felling and mineral mining of previous generations. We are like a kitset being built into a community. We are given to one another, for good not ill. Some bits

don't seem to fit at first, but with patience and new insight the jigsaw picture comes into focus. Eureka!

Our health team (health's angels) is a microcosmic portion of this living community. Each of us has a portfolio and is happily engaged and geographically located for this enterprise. Nurses of both genders share the clinical load in emergency management, mental health and domiciliary obstetrics to name just a part.

Our patients become our friends. We meet them every day in shop or school or on the road to a cheery wave from the hardworking road scholars. Households are generally fascinated by the health knowledge that is our privilege as carers to share. Mostly, each has a thermometer, some paracetamol, and usually somebody who has attended first aid classes. Our people cart each other in for care in Land Rovers or Lada Nivas. One sick person was brought in in a wheelbarrow. Great barrow island, I suppose. Ours is a social laboratory. We are all GPs' guinea pigs. The in-depth personal knowledge we have about each other is invaluable to us as health workers.

It was a culture shock when Auckland City became our local body without a shot being fired. It was amusing to see them set about labelling everything from where to seek scenic views to the 'refuse facility' which had been the 're-use facility' (dump).

### **The social organism – a living creature**

*'this happy breed of men, this little world'*<sup>2</sup>

Community is life, and radically personal. It is so much more here than the sum of the participants. This body of people has metaphysical 'shape' to be perceived, and embraced. We are embraced in return – many happy returns.

I explain to our medical students and locum doctors that they are an intrinsic part of the phenomenon of a self-contained society caring for itself. The key to enjoying our work

and our neighbours, we have come to appreciate, is to recognise and enfold the whole village, the whole fam family, yes, papillomata and all. The parenchyma but also the quietly functional, almost invisible, connective tissue and lymphatics make up the 'social histology' if you will. Maybe the thymus, the adrenals and the pituitary are not vestigial after all.

Most of us are accustomed to think of societal order in terms of 'organs' which are often, in practice, encapsulated and compartmentalised groupings sealed off from each other behind borough or neighbourhood boundaries like invisible Berlin walls. These structures tend themselves to consist of hierarchies and social strata, machines inside of which we 'fill positions' like cogs of various sizes and shapes, easily replaced. Hospitals and medical societies are no exception. The Barrier is a levelling place; homo genius I call it. The chairwoman of our community board became the cleaner of the council chambers. The present chairman drives the rubbish truck. We happily wear each other's castoff clothing. Recyclothymic.

I have found that the life spirit of community is possibly best expressed, I think, in Alcoholics Anonymous, where all are in a fellowship of neediness and mutual assistance. It is, I suggest, pathological, neoplastic, even malignant, to build cities and associated ghettos of rich and poor. Sometimes fanatical religion or nationalism terrifies us with its irrational, ignorant prejudice. This appears to me to be a kind of autoimmunity, a rejection phenomenon, an unwillingness to accept, let alone celebrate, the profuse and colourful variety in our differences. In community there is an openness and indeed vulnerability as another asserts per-

ceptions, opinions and values which are foreign to us. I think we need to see our political, business, professional and other structures more like the scaffolding than the building itself.

Are we excessively loyal to causes, like cannon fodder? Masterpieces may well be fabricated from offcuts. What are we building? Monuments to hubris like pyramids of Egypt or towers of Babel? Our National Anthem has the right humble and inclusive idea: *'God of nations, at Thy feet In the bonds of love we*

*meet'*. The unity and harmony that the world needs, before it self-destructs, is, I am sure, to be found here. Maybe this is subversive talk. Yet a new outgoing risk-taking attitude is needed to move us all from our own comfort zones. This then is practical love for the neighbour, and we are finding it challenging and yet rewarding for us on the Barrier.

### **Eldership – an ambition**

New Zealand is a very young country, without a senate or upper house. Maybe something is missing up top. Maoritanga has something important to teach us about the national treasure trove (taonga) of kuia, kaumatua and tohunga; a huge capital resource of wisdom, experience, and time to think that indubitably resides with our senior citizens and colleagues. It seems to me to be a great pity that our medical courses have discarded medical history as a subject. Where today are the age-old traditions which include apprenticeship in general practice? Mentoring is being rediscovered. Vive Dr Findlay.

I am, at sixty years of age. Before 'sans everything' kicks in, I believe myself promoted (kicked perspective upstairs) and confess to a kind of grandpaternal (I hope not paternalistic) mountaintop with a vision of a

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promised land, admittedly parochial and defined geographically on an island. But its only the middle span of the harbour bridge which is above. Elders are undergirders. This entails, for me, also an appreciation of the 'beyond' both in time (endless pre- and post-historic aeons) and space (interminable light years) which the scientific mind is not equipped to comprehend.

This, I think, falls within the axis of 'mystery' and 'faith'. It is now time to transcend the ceilings of achievement and the corsetry of the simply 'professional' role in which we have been trained. Instead of being cast on the scrapheap as a dependent superannuitant, as dead wood there can be heard a 'voice' or 'word' calling each of us to be heart kauri timber instead. I believe that each of us is equipped with a spiritual 'satellite dish', if we will just be quiet enough to receive the signal.

Is it this which prompted Sir Edmund's vocation with the sherpas? He set a lofty antenna. To be loved and appreciated among our people allows us each to abandon 'peace of mind' sought in wealth and insurances for the true 'social security' of our own folk among whom we have shared a lifetime. They will bury me here with my gumboots on. Rich compost I am sure. Growing up into this blurs the distinction of doctoring and healing as well as that of patient-doctor versus family relationships. Along with this is a profoundly moving personal reverence for people which, in fact, trumps medical ethical rules and has the reciprocal quality of amazing grace.

In 'retirement' this is a permanent roster. You never go off-duty. Is there a doctor in the house? I have twice had to give emergency care to people on international flights when I

thought I was on holiday. That is normal, and it is readily coped with if one has come to be like a director of a company and not required at every shopfloor encounter – the treadmill of a busy list and crammed waiting room. Too tired or too busy.

### A prophetic insight

*–our planet's future. Soul survivors.*

Just as heartland health is called by Pat Farry 'a barometer of the nation's health',<sup>3</sup> so I like to believe that our community in general and mine in particular is healthy and has a promised future because its health care workers have the ambition to graduate as generic generalists overnight, matured on location, and inspired to be role models for the next generations. I am convinced that

young doctors do not know what they are missing when they retreat from the country coal-face into specialties, go overseas for more money to pay off loans, or even to set up in city practice. I fear that they become truncated and limbless by the amputation of on-call overnight, emergency, obstetric and other responsibilities for their patients, and for all of which they have been trained.

There is such a satisfying variety of needs which arise in country doctor practice. It appears to me that there is a very narrow path between being terrified with clinical concerns in the isolated situation on the one hand, and being bored to tears on the other hand with a narrower involvement in people's lives, however lucrative. I have not had to drill burrholes yet.

Rural practice involves caring for families from the cradle to the grave. Sometime I officiate at funeral gravesides. My signature appears on death certificates as well as burial certificates to the consternation of the Registrar. Weddings and baby naming events are a celebrant specialty because these are people I know well.

I think I have been trying to say that we can grasp a 'destiny'. That we can rediscover the motivating forces of so many of our forebears in the practice of medicine with deeper meaning, including the thread of a

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Judeo-Christian heritage. Western medicine has such a rich and spiritual inheritance. For example, the literature legacy of Sir William Osler (19th–20th Century). I sometimes think we have lost our ways; Aesculapius' serpent without

its supporting rod. The science needs more inspired art for balance. Can we rehabilitate the right cerebral hemisphere and avoid relapse into middle age superstitious nostrums? I want to build up our ecosystem here where small is still beautiful, market forces are almost unknown, competition in health care is unthinkable and esprit de corps is universal.

*'If I take the wings of the morning and dwelt in the uttermost parts of the sea even there shall Thy hand lead me and Thy right hand shall hold me'*<sup>4</sup> – free advertising for Great Barrier Airlines from Psalm 13 9.

Look for the living body which is community. Listen for the personal call to fulfilment in eldership. Enjoy your 'retirement' indefinitely. There is an island on your skyline.

### References

1. Shakespeare's Richard II (1595) Act 2, sc. 1, 1.40.
2. Shakespeare's Richard II (1595) Act 2, sc. 1, 1.40.
3. Farry P. NZFP 2002; 29:94.
4. The Bible (1909) Authorised Version. Oxford University Press; London. pg 669.