

# Balls

*Buzz Boothman-Burrell*

*Buzz Boothman-Burrell is a rural general practitioner, practising in Blenheim, but with weekly clinics in the Havelock Medical Centre.*

Many people live with the hope they will become famous for doing a great deed – landing on Mars, finding the cure for a horrible affliction, holding the world record for the 100m sprint in the Olympics, or surviving a Barry Mannilow concert.

And my claim to fame? I seem to be remembered as the one who, new to the executive of the Rural GP network, asked the then new Minister of Health, the Hon. Annette King, whether she had any balls. What I really wanted to know was whether she had the fortitude to change an enlarging system of fragmentation, bureaucracy, and disintegration in the rural health sector. I didn't really doubt her anatomy or chromosomes – honestly.

Why did I ask? I was replacing political correctness with anatomical incorrectness. Like many howlers my question was vomited as the product of a bad diet of frustration.

Fifteen years ago, a colleague and I took over a run-down solo practice which was annexed to a small hospital on the West Coast. Once the short honeymoon was over, it felt as if we'd inherited a carriage which was designed for a horse, but with the passage of time had morphed into a unicycle pulled by a combination of spinal frogs, and pushed the opposite way by a team of bureaucratic rodents.

After a few years, our surgery had practice staff which included a team of practice nurses, a manager, reception staff, a cleaner, a visiting psychologist, a visiting physio, and a pharmacist. Although the surgery building was attached to the cottage

hospital which served the same remote community and had the same doctors, by virtue of 'the system,' this hospital had its own manager, nurses, computer system, a different visiting physio, different visiting psych staff, different cleaners, different pharmacist, and almost certainly a different something else which common sense dictates should have been shared. To be consistent, back then, the rest home which was attached to the hospital, of course had its own nurses etc. too. There were at least five different, completely independent notes' systems to ensure the right hand was clueless as to the whereabouts and activities of the left hand. This brilliant assembly of disintegration was proudly administered from corporate office at base hospital, who couldn't see very much wrong with it, because from the air, the entire campus was a tidy integrated excottage hospital serving an isolated community of 2000 on the western slopes of the Southern Alps, providing lots of services.

About every 12 months or so, an expensive consultancy firm would be employed to write a report on how things could be improved. Nothing much changed, apart from the subtle removal of an essential service. I would fantasize about the receipt of grateful postcards from exotic tropical islands sent by consultancy firms which could prove useful in covering holes where the plaster was falling off the walls, but they had more sense. Instead, they would return the following year with a disguised hatchet and a large bill.

But wait, there was more disarray to digest. Undeterred and unhelped, we established peripheral clinics, one such clinic being half-way between our practice, and the base hospital which was 80km to the west. I should have taken politicians with me on a clinic day, not for the medicine, but

for the fantastic and expensive display of stupidity the fragmented service had evolved into. As the practice nurse and I drove 40km west to the clinic, we would pass coming east towards us the district nurse who was returning home to the cottage hospital, having just visited the people we were scheduled to see. As we arrived, the Plunket nurse from the base hospital 40km further away would arrive to see the people the district nurse had seen, we were seeing, and they were about to see. By lunch time we'd pack-up, and head back east, and wave at the public health nurse coming westward towards us from the cottage hospital, who would see the people seen already by the district nurse, ourselves, and the Plunket nurse.

Pure bureaucratic genius. Three publicly-funded, independently contracted nurses driving three cars for a combined 240km and six hours' paid time trip, to do a job already covered by our surgery and its practice nurse.

When we are reassured that more money is being spent on health now than ever before, it is gratifying to know where it is going.

Back to balls. This year has seen the formation of a new government, and quite possibly the phenotype of a new Minister of Health for us to wonder about. The last two Rural Health Summits have resoundingly agreed on the wisdom of defragmentation and integration. I've come to realise I'm famous for asking the wrong person the right question. It's actually up to us to provoke change, and the unanswered question is for ourselves. A few years ago I had the privilege of meeting Annette King again, this time equipped with a gift-set of mystic Chinese chiming balls. So I now know she does have balls. However, to effect the necessary change in our disorderly and wasteful world – the question is – do we?