

# Editorial

## Drained rural colleagues seek peace of mind

***Tessa Turnbull, editor and Katikati GP***

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My sister-in-law made an interesting suggestion recently. She said should she die prematurely she would request that her ashes be divided among her friends and family, perhaps a matchbox-sized portion each, to be taken on their next holiday and scattered in a beautiful place. Imagining wonderful areas where a small portion of her remains would lie brings pleasure and peace while she is alive.

Some peace of mind is badly needed by the remaining rural GPs and by rural communities, where workforce issues have reached crisis proportions. The crisis bears a strong resemblance to the maternity debacle, which also impinges greatly on rural communities. A blind eye is being turned to the mass exodus of GPs both from obstetric care and from rural New Zealand communities.

GPs move back to cities for many reasons, including burnout; for their children's education; and for better employment opportunities for spouses. Not only is the loss of skills to be deplored but many of those who move on do so at a considerable personal and financial cost. Numerous plans, reports and media comment have so far failed to produce official or political action of any substance.

General practice is tough but rural general practice is really tough, both for GPs and their families. Frequent on-call, high public expectation, compounding levels of accountability, constant paperwork, feelings of entrapment and falling incomes means rural GPs are walking out of their practices. Many are trying to rationalise their on call commitment in an effort to survive mentally and physically.

A few local initiatives have been announced, such as salaried positions or community owned and driven health centres, but much more is needed to help GPs practise quality medicine in rural areas. A large number of GPs are predicted to retire in the next few years and replacements are looking unlikely

Rural practice is a unique professional challenge but many of the experiences are emotionally draining. I thought I would highlight a few examples from our practice, all in the space of a few weeks: attendance at accidents including two fatal events (thank goodness for PRIME); entrustment for the disposal of termination of pregnancy remains for a young woman unable to deal with these herself (not surprisingly, practice support was mixed); patient deaths, by suicide (a telephoned intention could not be thwarted) and from terminal cancer (it's hard to say goodbye to old friends); a visit from the local constabulary after a determined "stalking" by letter, phone and fax by an out of town relative determined to achieve her ends (and not accept the decisions of her dying sister); an hour spent in the surgery in the early hours waiting for a hoax "emergency"; and, last but not least, a hoax PRIME callout (futile hours spent by ambulance, fire brigade, police and doctor). This reflects a small kaleidoscope of the challenges and demands of rural practice.

This is my last issue as editor of *New Zealand Family Physician*, after a term of nearly five years. Editorship and production provided a steep learning curve for me. It has been an interesting challenge, perhaps giving a measure of sanity to the sometimes insanity of rural practice. The new editor is also a rural GP, Campbell Murdoch, now practising in Winton. Campbell is very well known to New Zealand GPs and will undoubtedly bring academic rigour and new slants and features to the journal.





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